

Native Youth Group Registration Form 2018/2019

Child Full Name	Date of Birth	School Attending/Grade	List Any Allergies	List Any Disabilities
1.				
2.				
3.				
4.				
5.				
6.				

Mailing Address:

Mothers/Guardian's Name:

Phone Number:

Email Address:

Fathers/Guardian's Name:

Phone Number:

Email Address:

Emergency Contact:

Phone Number:

Relationship:

Emergency Contact:

Phone Number:

Relationship:

*We will be texting and e-mailing out information



THE PAIUTE INDIAN TRIBE OF UTAH

440 North Paiute Drive • Cedar City, Utah 84721 • (435) 586-1112 • (435) 867-2659 (Fax)

****PLEASE READ THIS FORM CAREFULLY. IT AFFECTS YOUR LEGAL RIGHTS****

INFORMED CONSENT AND RELEASE FROM LIABILITY

PARTICIPANT NAME(s): _____

In consideration of my participation in Mus-Pu-V Project
[INSERT ACTIVITY] on _____ [INSERT DATE, IF APPLICABLE] (hereinafter the
“Activity”), sponsored by the _____ [INSERT NAME OF BAND OR OTHER
SPONSOR] (hereinafter “Sponsor”) at the Paiute Indian Tribe of Utah’s (“PITU” or “Tribe”) property and/or
facilities, I agree for myself, my heirs, successors, representatives, and anyone else who may have a claim by reason
of my injury or death, as follows:

1. I agree to observe and obey all posted rules and warnings and further agree to follow any oral instruction or direction given by the Sponsor or the Tribe through their officers, employees, agents, representatives, and/or any other person officially connected with this Activity.
2. I understand that there may be certain inherent risks and dangers associated with the Activity and assume full responsibility for any and all damage, injury, and/or death to myself and/or any other person and/or to property resulting from my participation in this Activity.
3. I waive and release from liability and agree to indemnify and hold harmless the Sponsor and the Tribe, their officers, employees, agents, representatives, and any other person officially connected with this Activity, from any and all liability for any and all damage, injury, and/or death to myself and/or any other person and/or to property resulting from my participation in this Activity. I explicitly agree that this release and indemnification extends to harm resulting from any negligence of any party or parties released.
4. I agree to pay for any damage to the property or facilities of PITU caused by myself or my family’s negligent, reckless, or willful actions.
5. I understand that this Informed Consent and Release from Liability may in no way be construed as a waiver of the Tribe’s sovereign immunity, or of the sovereign immunity of the _____ Band [INSERT NAME OF BAND, IF APPLICABLE].

I HAVE READ THIS AGREEMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT SIGNING THIS RELEASE MAY AFFECT MY LEGAL RIGHTS.

(participant signature)

(please print name clearly)

(parent or guardian's signature if under 18)

(please print name clearly)

(date)

The Paiute Indian Tribe of Utah
Informed Consent and Release from Liability form
Rev. 09.29.09



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AUTHORIZATION AND RELEASE OF LIABILITY FOR TRANSPORTATION OF A MINOR or MINOR(S)

Child/Children's Name: _____

Legal Release: I confirm that I am the parent or legal guardian of the above named child/children. I hereby authorize that the Paiute Indian Tribe of Utah may transport my child/children for the purpose(s) listed below. For the consideration provided and in relation to all travel and transportation provided by the Paiute Indian Tribe of Utah, I release the Paiute Indian Tribe of Utah, and their respective officers, members, agents, employees and representatives from any actions, claims, and demands of any kind and nature that may arise from, or in connection with, them transporting my child/children for the purpose of Mus-Pu-V (Medicine Wheel) Project or other youth Activities.

I accept the risks involved and waive all rights of any kind that may otherwise exist. Nothing herein waives the sovereign immunity of the Paiute Indian Tribe of Utah.

Parent/Guardian Signature

Date



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Photo Release Form

I, the undersigned, grant the Paiute Indian Tribe of Utah (PITU or Tribe) permission to use photographs and/or audio/video footage of me taken during Tribal activities or events. Such use may include, without limitation: PowerPoint slideshow presentations, reports, brochures, informational materials, website, social media, newsletters, and film presentations. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I release to PITU all rights to exhibit my image in print and electronic form publicly or privately. I waive any rights, claims, or interest I may have to control the use of my image in whatever media used. I further waive the right to compensation of any kind for the use of my image in whatever media used.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement. In the case of a minor, I can attest that I have every right to sign this authorization form for the minor child(ren), _____
_____(print child(ren)'s name(s)).

(Printed Name)

(Signature)

(Date)