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2018 POLICY & LIABILITY PACKET



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**Match-E-Be-Nash-She-Wish Band of Pottawatomi Gun Lake Tribe
PARTICIPANT & INSURANCE INFORMATION**

PERSONAL INFORMATION

Full Name _____
Street Address _____ Apartment/Unit # _____
City _____ State _____ Zip _____
Home Phone () _____ Alternate Phone () _____
Email _____
Tribal Affiliation _____
Birth Date _____ Shirt Size _____

Father /Legal Guardian Name _____
Street Address _____ Apartment/Unit # _____
City _____ State _____ Zip _____
Home Phone () _____ Alternate Phone () _____

Mother /Legal Guardian Name _____
Street Address _____ Apartment/Unit # _____
City _____ State _____ Zip _____
Home Phone () _____ Alternate Phone () _____

INSURANCE INFORMATION

Insurance Company _____ Phone () _____
Insurance Number _____
Group Number _____
Parent/Guardian Phone Number () _____
Parent/Guardian Email _____
Emergency Contact(s) _____
Emergency Contact Relation _____
Emergency Contact Phone Number () _____

MEDICAL INFORMATION

Food Allergies/Type of Reactions _____
Drug Allergies/Type of Reactions _____
Insect Bite Allergies/Type of Reactions _____
Special Needs/Disabilities _____

Please list any current medications being taken, doses and frequency: *All medication(s) [prescriptions and over the counter] presently being taken, must be in their original packaging, be clearly marked with child's name and complete dosage instructions. Only medications sent in original containers will be dispensed.*

May we give your child the following medications if needed?
Acetaminophen: YES NO Ibuprofen: YES NO Benadryl: YES NO

I hereby authorize official meeting staff to secure whatever treatment is deemed necessary and, if recommended by an attending physician, the administration of an anesthetic or surgery.

PLEASE ATTATCH A COPY OF THE PARTICIPANTS MEDICAL INSURANCE CARD

Match-E-Be-Nash-She-Wish Band of Pottawatomi Gun Lake Tribe CODE OF CONDUCT

Gun Lake Tribe Unity Council Members understand that the Council requires the highest standards of the behavior. The Unity Council member agrees to conduct him/herself in a manner that contributes to a sense of community among all youth and staff and foster an atmosphere of mutual respect. The Unity Council member agrees to the following Code of Conduct:

- All participants are expected to show respect for the property of others and the facility in which the meeting is being held.
- All participants are expected to exhibit the seven grandfather teachings: Love, Respect, Humility, Wisdom, Bravery, Truth, and Honesty.
- The possession and use of weapons, tobacco products (unless for ceremonial or traditional purposes), vapes, alcoholic beverages and illegal drugs, or remaining in the presence of individuals who are using or taking these items is prohibited.
- Inappropriate physical contact with other participants is prohibited.
- Any behavior that violates any laws of the United States or the Gun Lake Tribe or any local ordinance is prohibited.
- When addressed by an adult, the participant will be respectful and compliant.
- Participants must dress appropriately and according to the customs and dress standards of the venue that they are visiting.
- Cellular phones should be on vibrate mode if they must be on during the trip, to avoid disturbing others or disrupting an activity. Electronic devices such as cell phones must always be used appropriately. Staff have the permission to confiscate participant's cellular devices or other electronics.
- All rules are in effect throughout the entire trip. Any participant who damages property will be responsible for the cost of its repairs or replacement.

Any infraction of the Code shall result in disciplinary action, which includes suspension of free-time activities, limiting participation in activities, and/or being sent home. In the event that it is determined that I have violated the Code, my parent/guardian will be notified. The responsibility for making this determination is vested in the Youth Specialist or Education Director.

Match-E-Be-Nash-She-Wish Band of Pottawatomi Gun Lake Tribe
LIABILITY RELEASE

I _____ (parent/guardian name):

- Give permission for: _____ (child) to attend and participate in Gun Lake Tribe Unity Council events.
- Confirm that my child has basic swimming skills and has my permission to swim at places that may not have a certified lifeguard on duty.
- Give the right to take photographs of my children in connection with the identified event and future events put on by the Gun Lake Tribe Unity Council. I authorize the Gun Lake Tribe to use and publish photos from this event both in print and/or electronically.
- Give permission to the Youth Specialist and Gun Lake Tribe Staff to transport my child to and from events facilitated by the Gun Lake Tribe Unity Council.
- Give permission to the Youth Specialist to access my child's education records from the Education Department or Youth Connections Program.
- Understand that my child is to maintain proper usage of their electronics in a respectful and considerate way. If the presence of an electronic device becomes a distraction and inhibits my child's participation, I understand the device will be confiscated and brought to the Youth Specialist to be returned to parents at pick up.
- Understand that if my child (or children) misbehaves and does not respond in a positive manner, I may be called to pick him/her up. Warning will be given, but if inappropriate behavior continues, you will be contacted to pick up your child.
- Understand that my child is not to have any weapons on Gun Lake Tribal property or location of the event unless the item is approved for event usage by the Youth Specialist.
- Understand that my child may participate in any number of activities in which there is a certain risk of physical injury involved with such activities, some of which I may presently be unaware of.
- Understand by signing this release form I am assuming such risks that are both known and unknown to me at this time. I further release the Gun Lake Tribe, its trustees, employees, facilities, and agents from any claim that I may have against them because of physical injury or illness during my child's participation in the proceeding activities. This release of liability is also intended to cover all claims that members of my family, estate or heirs, representatives or assign may present against the Gun Lake Tribe, employees, rental facilities, including its trustees, employees, and agents.
- Understand and grant permission to administer prescription medicine that my child brings to events and for non-prescription medicine (as selected above) and routine non-surgical medical care to be given to my child if deemed advisable by the Gun Lake Tribe staff.

Liability Release (continued)

- Understand and acknowledge the physical nature of youth activities. I understand that participation in these activities require a certain level of physical fitness and abilities. By signing this release, I assure that my child is physically able to participate in all activities except that which has been listed on this form.
- Understand if my child fails to show up on the day of travel, or cancels the trip for reasons not approved (other than documented emergencies such as medical emergencies or death in family), I must reimburse the Tribe all costs incurred. Any intent to cancel and/or withdraw from a trip must be communicated to the department in writing at least seven working days prior to departure.
- Understand that my child's involvement in the Gun Lake Tribe Unity Council is a privilege. In consideration of this privilege, I am signing this release/consent form.
- Understand that my child will be representing the Tribe during events or travels. My child will represent the Tribe in a positive and professional matter or may face consequences including suspension of travel on behalf of the tribe.
- Have thoroughly read the contents of this release and agree to the terms stated in each area including Code of Conduct, property damage, medical policies, emergency procedures, and release liability. The information I have completed is accurate to the best of my knowledge.

Any infraction of the Code shall result in disciplinary action, which includes suspension of free-time activities, limiting participation in activities, and/or being sent home. In the event that it is determined that I have violated the Code, my parent/guardian will be notified. The responsibility for making this determination is vested in the Youth Specialist or Education Director.

**Match-E-Be-Nash-She-Wish Band of Pottawatomi Gun Lake Tribe
MEDICAL WAIVER & RELEASE OF LIABILITY**

PLEASE INITIAL AND SIGN

_____ I understand that this Waiver and Release of Liability is intended to be as broad and inclusive as permitted by Michigan law and agree that if any portion is held invalid that the remainder of the Waiver and Release of Liability will continue in full force and legal effect. I understand that the Gun Lake Tribe retains full sovereign immunity from suit, and that the Gun Lake Tribe neither makes nor intends any waiver of tribal sovereign immunity, whether by this Waiver and Release of Liability or otherwise.

_____ I hereby authorize Gun Lake Tribe staff to secure whatever treatment is deemed necessary and, if recommended by an attending physician, the administration of an anesthetic or surgery.

_____ I acknowledge that I have filled out this packet to the best of my knowledge and that the information is up to date and accurate. I have carefully read this Medical Waiver and Release of Liability and that I fully understand that this is a release of all claims and liability. By signing, I am expressly releasing the Gun Lake Tribe from all causes of action, including negligence, and am voluntarily waiving any right to bring any action against the Gun Lake Tribe for any accident, illness, and/or personal injury associated with traveling with the Gun Lake Tribe Unity Council.

Participant Signature:  _____ Date: _____

Parent/Guardian Signature:  _____ Date: _____

Please note this waiver will act as a base for records for the 2018 year. Please make sure all information is correct and as detailed as possible. If there are any questions or concerns please feel free to contact the Youth Specialist with the information provided below.*

**Match-E-Be-Nash-She-Wish Band of Pottawatomi Gun Lake Tribe
NOTARIZED CONSENT TO TRAVEL**

I _____ (print parent/guardian name):

Give permission for: _____ (child) to travel with the Gun Lake Tribe

to _____ (Event and Location)

on the dates of _____ (start date) until _____ (End Date)

Parent/Guardian Signature: _____ Date: _____

**Please note signature must be done in the presence of a notary*

NOTARY

Signed before me, _____ (Full Name of Witness)

on (Month/Day/Year) _____, 2017 at _____ (Name of Location)