



Mental Health First Aid Unalaska 2021 Registration Form

Aang Aang!

The Mental Health First Aid for Unalaska will be held

July 31st - August 1st, 2021 from

2pm – 6pm AKST.

This is a free event.

**However, we require that you attend all (2) days to receive a MHFA
certification.**

**Event includes training sessions designed to promote mental
health awareness and training materials.**

**Registered participants will receive, the MHFA participant
manual at the event.**

**If you have any questions, please contact Jenna Larson at
jennal@apiai.org.**

Please email or fax registrations to:

APIA Health Department

1131 E. International Airport Rd.

Anchorage, AK 99518 – 1408

jennal@apiai.org

(907) 276 – 2700 phone / (800) 478 – 2742 toll free / 907 222 – 4279 fax

Or Drop Off Your Registration Form at the PCR

Participant Information		
Participant name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/> Non-binary	Date of Birth: / /
If you have one, what is your Alaska Native / American Indian name and its translation?		
Special needs (if required):		
Your community: <input type="checkbox"/> Unalaska <input type="checkbox"/> St. George <input type="checkbox"/> Nikolski <input type="checkbox"/> Atka <input type="checkbox"/> King Cove <input type="checkbox"/> Other: _____		
Mailing address:		
Phone number:	Email:	
Tribal Affiliation: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which tribe:	

Emergency Contact	
Name:	Relation:
Phone number:	Cell phone:



**Aleutian Pribilof Islands Association (APIA) Health Department
Community Health Services Division**

General Waiver of Liability

We will do our best to keep participants free of risk during the event. However, participants are ultimately responsible for any injury or damage that occurs. By signing below, I fully release and discharge **APIA** its officers, contractors, agents, directors, volunteers, and employees from any and all claims for injuries, damages, or losses that I may have or which may accrue to me and arising out of, connected with, or in any way associated with this activity.

Media Release

APIA staff may film and/or take photos of participants in this event. By signing below, you give permission and give your consent to the Aleutian Pribilof Islands Association, Inc. (APIA) to use photographs, audio, and/or videos of myself as a participant taking part in the activity/activities for promotional purposes and to post and share on APIA's social media accounts and share at state and national gatherings.

Evaluation and Survey Agreement

By signing below, you agree to assist APIA in continuing to provide feedback that may be gathered from evaluations or survey instruments.

Participant names will be kept anonymous and confidential. Participant names will not be released without their written permission. Legal exceptions include: court order, clear danger to the participant or someone else, and suspicion of child, elder and/or dependent adult abuse.

Waiver of Liability Related to COVID-19 or another Communicable Disease

The Coronavirus, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious with the capacity to transmit from person-to-person through respiratory droplets and/or by contact with

contaminated surfaces and objects. APIA will follow any and all recommended guidelines for limiting the transmission of COVID-19 as set forth by the City of Unalaska and the Qawalangin Tribe of Unalaska. APIA will implement and strictly enforce these guidelines among the attendees, and staff during the Mental Health First Aid workshop in Unalaska, AK.

Even with these measures, it is not possible to completely prevent the presence of the disease. APIA and contracted event organizers cannot guarantee that you will not become exposed to or contract COVID-19, or another communicable disease, while in Unalaska, or while participating in the Mental Health First Aid Workshop. Attending the event could increase your risk and your child(ren)'s risk of contracting COVID-19, or another communicable disease.

By registering for this conference on behalf of yourself, you acknowledge that by choosing to attend the Mental Health First Aid Workshop you may be exposing yourself, or your family, to and/or increasing your risk of contracting COVID-19 or another communicable disease. And in order to take all precautions for yourself and others, you attest that:

- In the last 14 days leading up to the event, you have not experienced any of the following symptoms: cough, shortness of breath or difficulty breathing, fever, chills, body aches
for unknown reasons, sore throat, or new loss of taste or smell.
- You have not traveled internationally within 14 Days prior to the event date.
- You do not believe you have been exposed to someone with a suspected and/or confirmed case of COVID-19 within 14 Days prior to the event date.
- You have not been diagnosed with COVID-19 and not yet cleared as non-contagious by state or local public health authorities within 14 Days prior to the event date.
- You are following all CDC recommended guidelines and limiting your exposure to COVID-19 or another communicable disease.

On my behalf, I hereby release and discharge APIA., its officers, directors, managers, officials, trustees, agents, employees, and other representatives from all liabilities, claims, demands, and causes of action in connection with exposure, infection, or spread of COVID-19, or another communicable disease that may be incurred in connection with my attendance at the Mental Health First Aid Workshop. I understand that this waiver means I give up my right to bring any claims including for personal injury, disease, death, or any other loss, including but not limited to claims of negligence, and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of APIA, its officers, directors, managers, officials, trustees, agents, employees and other representatives, whether a COVID-19 infection occurs before, during, or after participation in any APIA event.

In signing this Consent and Assent to Participate form I acknowledge and represent that I have read and fully understand the above important information, warning of risk, waiver and release of all claims and assumption of risk. I further covenant and agree that for the considerations stated above my child, any related third party, and/or I will not sue the Aleutian Pribilof Islands Association and affiliates, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of my child's and/or my voluntary participation in above said activities. Further, I understand that this Assent and Consent to Participate and covenant not to sue shall be effective during the entire period of my enrollment at the institution or participation in risk related activity.

Participant's Name (please print)

Participant's Signature

Date