

Registration and Consent Form



Aang Aang!

The third annual ANCHR Gathering will be held in Unalaska

August 11th-13th, 2023 from

Friday 5:30pm – 8pm & Saturday & Sunday 10am – 7pm

(with optional yoga Saturday and Sunday mornings 8:45am – 9:45am).

This is a **free** event. Like the Gathering of Alaska Natives, this is a healing gathering where intense conversations may be had concerning our Unangan historical pain, resilience and healing. For this reason, we invite minors, ages 14 and up to join us with parental consent.

If you would like to receive an ANCHR certification, we require that you attend all (3) days of the healing gathering. Event includes training sessions, wellness activities, and training materials, as well as art supplies to create while we listen.

Registered participants will receive, via email, the ANCHR agenda (1) week prior to the event. Those who attend all 3-days of the ANCHR Gathering will receive (via email) their certification for attending within (1) week of the completion of the Gathering.

If you have any questions, please contact Jenna Larson at

jennal@apiai.org.

Please email or fax registrations to:

APIA Health Department

jennal@apiai.org

(907) 222 – 4279

Registration and Consent Form

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Your Name: | |
| Are you a Veteran or Active Service Member? | |
| Do you have a traditional Alaska Native /American Indian name/nickname? If so, what does it mean? | |
| Your Email Address: | |
| Your Current Grade (* For High School Minor Attendee): | 9th 10th 11th 12th |
| Your Expected Graduation Year: | |
| Gender: | |
| Your Pronouns: | |
| Birthday: | |
| Are you a Tribal Enrollee? | |
| If so, what Tribe are you enrolled in? | |
| Do you experience any health issues or special needs (including behavioral) that may affect your ability to participate in any part of the program (including physical activity)? If so, please explain. | |

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| Do you require any special accommodations? If so, please explain. | |
| Emergency Contact Information - <i>In case of an emergency, who should we contact?</i> | |
| Emergency Contact Name: | |
| Emergency Contact Phone Number: | |
| Parent/Guardian Contact Information (For High School Student Attendee) - <i>Please provide information for your parent/guardian below.</i> | |
| Your Parent/Guardian Name: | |
| Your Parent/Guardian Email: | |

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By checking this box below, I hereby give my permission for my high school student to participate in this gathering.

Yes No N/A (*Adult Attendee)

Photo Release & Waiver

I authorize APIAI/AHEC to use any and all photographs, audio and/or video that contains myself and/or my minor's voice, image, likeness and/or images and likeness for promotional purposes. I hereby waive any right to inspect or approve the finished photograph, audio, video, advertising copy or printed matter that may be used in conjunction therewith or the eventual use that it may be applied. APIAI/AHEC will only use the aforementioned photograph, audio and/or video for promotional purposes (i.e. brochures, flyers, website design, etc.).

I understand and acknowledge that by checking the box below, I am legally agreeing to all of the statements in this Photo Release & Waiver.

Yes
 No

Release of Liability

I, the legal guardian of the student, a minor child, on behalf of myself and/or my youth (minor) ("Releasors"), do hereby freely and voluntarily release and agree to hold harmless APIAI/AHEC and other released parties as defined below ("Releasees"), from any and all liability arising from or related to any Releases' negligence, included any and all claims for physical or mental injury, death, property loss, or other damages arising due to the child's participation.

Released parties ("Releasees") include APIAI/AHEC, their employees, agents and assignees including the school district, and contracting agencies including their officers, employees, agents, contractors, partners, heirs, successors, estates and representatives. We the Releasors specifically waive any right to make a claim against or sue APIA/AHEC or any other Releases for any injury or loss of any kind arising out of participation in the program and/or caused by the negligence of any Releasee. We understand that if our child sustains any injury or loss, including death, while participating in this program, we have released all claims we and the minor might have against Releasees for participation in the program and/or their negligent conduct.

I understand and acknowledge that by checking the box below, I am legally agreeing to all of the statements in this Release of Liability for myself and/or my minor attendee.

Yes
 No

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Evaluation & Survey Agreement

To continue and sustain this initiative in the future, feedback may be gathered from pre and post evaluations. Evaluation and data gathered will assist us in understanding knowledge gained as well assist in assessing the needs in our communities aiding us in creating more opportunities for Alaska Veterans, youth, adults and elders in the future. Identity will not be released without their written permission except if the participant is a minor and the information is requested by their parent/legal guardian or as required by law. Legal exceptions include: court order, clear or imminent danger to the participant or someone else, and suspicion of child, elder and/or dependent adult abuse.

I understand and acknowledge that by checking the box below, I am legally agreeing to all of the statements in this Evaluation & Survey Agreement for myself and/or my minor attendee.

- Yes
- No

Our Health and Safety Plan

Our first responsibility at the gathering is to you, our participants and your community. We are 100% committed to your health and safety while we are in-person. We will be following any recommended guidelines for limiting the transmission of COVID-19 as set forth by the City of Unalaska and the Qawalangin Tribe. APIA will implement and strictly enforce these guidelines among the attendees, and staff during the ANCHR Gathering.

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 ANCHR Gathering. 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 event on behalf of yourself or your minor child(ren), you acknowledge that by choosing to attend the ANCHR Gathering, you may be exposing yourself, or your minor child(ren), 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, We encourage you to conduct a COVID-19 self-assessment using the linked: CDC's COVID-19 Self-Checker. If you have any symptoms, please do not attend the event.

Participant's Name (please print)

Date

Parent/Guardian Name
(if participant is under 18 years of age)

Date

PARTICIPATION WILL BE DENIED if waiver is not on file or if the signature of the adult participant or the signature of the parent/guardian of a minor participant and the date are not on this waiver.