

# 2025 ELKS Registration Forms

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## General Student Information

Name of Participant: \_\_\_\_\_

Name of Parent/Legal Guardian: \_\_\_\_\_

Age of Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

PO Box or Street address

City

State

Zip Code

Phone Number: \_\_\_\_\_ Email (parent/legal guardian): \_\_\_\_\_

☐ Male    ☐ Female    ☐ Preferred \_\_\_\_\_

Special Dietary Information: \_\_\_\_\_

Student T-shirt Size (small, medium, large, extra large): \_\_\_\_\_

## *Medical Release and Emergency Contacts*

I understand that participation in the above activity is voluntary and is not required as part of any regular school program. I understand and agree that, in consideration of my voluntary participation, for myself and my heirs, I hereby waive and release the Southern Ute Indian Tribe, other departments, Southern Ute Cultural Preservation Department, Southern Ute Environmental Programs Department, Southern Ute Cultural Center and Museum, or any business enterprise of the Southern Ute Tribe, its officers, employees, and agents (collectives "sponsoring agencies") from all claims, liabilities, causes of action, and damages that in any way arise out of, are connected with, the student participant's or my participation in this activity.

I am the parent or legal guardian of the student participant. I understand that every effort will be made to contact me if the student participant needs medical attention. I hereby give permission to the medical personnel selected by the person(s) in charge of this field trip to order x-rays, examinations, routine tests, treatment, release, and records necessary, and to provide or arrange necessary related transportation for the person named on the form. I hereby give permission to the physician selected by the person(s) in charge of the field trip to hospitalize, secure emergency treatment for, to order injection, anesthesia, and/or surgery for the student participant or myself as named on this form. I will assume all financial obligations incurred if not covered by insurance.

Is participant currently under medical treatment (describe) ☐ Yes / ☐ No

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Is person diabetic? ☐ Yes / ☐ No

Does participant have dietary restrictions? If yes, please describe:

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Does participant have any history of respiratory illness? (describe) ☐ Yes / ☐ No

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Is participant subject to seizures of any kind? ☐ Yes / ☐ No

Date of last tetanus shot. \_\_\_\_\_

Is there any medical condition (heart condition, etc.) or malformation now existing that may require treatment or affect the participant's participation in this program? (explain) ☐ Yes / ☐ No

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Name and phone number of primary physician(s):

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Does participant have allergies: (please describe) ☐ Yes/☐ No

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Has participant had recent surgical operations, accidents or exposed to infectious disease within the last two weeks? (Please bring notification to the activity if this changes prior to the trip): (describe) ☐ Yes/☐ No

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Name of all medications:

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Directions for dispensing medications: (meds must be in original prescription container or over-the-counter container).

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**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

I, **HERBY AGREE** that the student participant/adult participant will comply with all the above statements.

\_\_\_\_\_  
Signature of student participant or adult participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian if student is under 18 years

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of both Parents/ Legal Guardians requested if student under 18

\_\_\_\_\_  
Date

## Participation Agreement

1. The purpose of my participation in the 2025 Environmental Leadership & Knowledge Seminar (ELKS) event is for my personal education, enjoyment, and/or any other personal reason.
2. I agree and acknowledge that ELKS event is a tobacco (cigarettes or chew), alcohol, violence, and drug-free event.
3. I agree and acknowledge that absolutely **no** firearms or weapons of any kind are allowed at this event.
4. I agree to listen with **respect** to the speakers and other participants and not use my cell phone for texting or receiving/sending calls, iPods (mp3 players, etc.) and set my cell phone to OFF during the speakers.
5. I agree to **respect** my peers, the chaperone(s), and the ELKS staff, physically, mentally, emotionally, and spiritually.
6. I agree to dress respectfully and in appropriate attire including not wearing provocative, gang attire (including hats, rags, and other gang paraphernalia).
7. I agree **not to use** foul language and will not use gang signs and/or gestures.
8. I agree to participate fully in the ELKS event by actively attending workshops, planned events, etc.
9. I agree to represent my school and/or Tribe in an honorable and respectable manner.
10. I understand that the Southern Ute Cultural Preservation Department and Environmental Programs Department may photograph me (my child) for the ELKS event, and I hereby authorize the Southern Ute Indian Tribe, its employees, agents, and authorized representatives to photograph me (my child) during this conference. I also authorize the Tribe to use and reproduce the photographs of me and my name in association with this project for Cultural Preservation Department and Environmental Programs Department purposes, including exhibition, promotion, publicity, archives, among others.
11. I warrant and represent that my photograph will not violate any right of publicity, right of privacy, or violate the law. I waive any right to inspect or approve use of my photograph for the purposes in this release.
12. I give permission for the Environmental Programs and Cultural Preservation Department staff to transport my child in a vehicle on field trips to various locations required for attending each session.

The Southern Ute Tribe is honored by your participation in ELKS event and when everyone follows the guidelines above, we will have a safe and fun time. Violation of these guidelines will result in the immediate dismissal from ELKS event and participant(s) will be sent home immediately, at the parent/guardian's expense.

\_\_\_\_ I am signing this agreement on behalf of a minor Participant. I acknowledge that I am the Parent/  
Legal Guardian of the Participant and that I understand the terms of this agreement.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Parent/Legal Guardian

*Agreement for Assumption of Risk, Waiver and Release of  
Liability, and Indemnification*

*PLEASE READ CAREFULLY BEFORE SIGNING*

In consideration of allowing my child to participate in the 2025 ELKS event, I acknowledge and agree as follows:

- 1. Assumption of risk.** There are inherent dangers associated with the Program and these dangers may be increased when the participants are minors. I understand and acknowledge that such risks cannot be eliminated nor does the Tribe have the duty, responsibility, or ability to eliminate such risks due to the nature of such activities. The risk of serious personal injury or death from participation in the Program may be very high and includes, but is not limited to, risks associated with the transportation of minors. I knowingly assume all such risks of injury or death that may result from my child's participation in the Program, and I assume full responsibility for my child's participation.
- 2. Program Independent Contractor.** I understand and acknowledge that the Tribe is working with staff and coordinator(s) from other entities that may operate and direct the Program. The Tribe therefore may not exercise day-to-day control or supervision over the Program and therefore may have no duty of care toward my child as a participant in this event or to protect him/her from injuries or harms arising from the actions or negligence of the staff and coordinator(s). I understand and acknowledge that the Tribe may sponsor the Program, but that this sponsorship does not necessarily give the Tribe any control over the provision of services from any other participating entities.
- 3. Waiver and release of liability.** For myself, my child participating in the Program, and my heirs, I hereby waive and release the Tribe and the Tribal Council members, and their appointed officials, employees, and agents, (collectively "released parties") from all claims, liabilities, causes of action, and damages.
- 4. Agreement to pay costs and attorney fees.** For myself, my child participating in the Program, and my heirs, I agree that if I make any claim or bring any suit against the released parties, the prevailing party shall be entitled to recover reasonable attorney's fees and costs.
- 5. Indemnification.** I agree to defend and indemnify the released parties for any loss or damage that results from claims or lawsuits for personal injury, death and/or property loss or damage related in any way to my child's participation in the Program in any capacity whatsoever.
- 6. Governing law, forum, and non-waiver of immunity.** The forum for the resolution of any dispute arising from this agreement shall be the Southern Ute Indian Tribal Court and the governing law shall be tribal law. I hereby consent to the Tribal Court's personal jurisdiction by entering into this agreement. Nothing in this agreement, however, shall constitute a waiver of any immunity of the Tribe.

**7. Photo Consent & Release.** I hereby authorize the released parties to use photographs of myself, my child(ren), or any child I have legal guardianship of captured during the activity to be used for promotion, publicity, social media, or archives. I warrant and represent that use of these photographs will not violate any right of publicity, right of privacy, or violate the law and, on behalf of myself, my heirs and representatives waive any compensation or ownership rights and I agree to release and hold harmless the Released Parties from any claims, liability, or damages that may arise from the use of said photographs. I waive any right to inspect or approve the use of my or my children's likeness for the purposes of this release.

I verify that I am the parent or legal guardian of the participant identified below who is under 18 years of age or the adult in whose care the participant has been entrusted. I have read and understand this agreement. Prior to signing this agreement, I have had the opportunity to ask any questions about this agreement and the Program. I understand that (1) the Program provides only limited supervision of minors, and, (2) participants who are under 18 years of age may not always be aware of the inherent risks associated with participation in the Program. By signing below, I am (1) entering into this agreement on my own behalf and on behalf of the participant, (2) representing that I am the parent or legal guardian, and, that I have the authority to sign this document on behalf of the participant, and (3) agreeing to be bound by the terms of this agreement.

Participant's Name (printed): \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Parent/Legal Guardian Name (printed): \_\_\_\_\_

Date: \_\_\_\_\_

## *Check List*

- ☐ General Student Information
- ☐ Medical information, release, and emergency contact(s)
- ☐ Copy of Medical card
- ☐ Participation Agreement
- ☐ Agreement for Assumption of Risk, Waiver and Release of Liability, and Indemnification