

AANJIBIMAADIZING GE-NIIGANIZIJIG PROGRAM

RELEASE OF LIABILITY, CONSENT AND ASSUMPTION OF RISK FORM

I, _____ (name), hereby knowingly and voluntarily release, waive, and discharge the Mille Lacs Band of Ojibwe, Aanjibimaadizing and Ge-Niigaanizijig, (hereinafter identified as the "Program"), including any of its sub entities, and any and all of its officers, agents, employees, representatives, or volunteers from any and all liability, claims, demands, and actions arising out of or related to any loss, damage, injury, or illness including death, that I may sustain as a result of individuals engaged in assisting, coordinating facilitating, or monitoring my participation in any fitness-related activity, including the provision of transportation in connection with any activity in the Program. I agree to defend, indemnify, and hold the Program harmless against any claims arising out of the acts committed by myself, or my minor child, while utilizing the Program. I further agree to defend, indemnify, and hold the Program harmless against any claims arising out of the acts committed by myself, my guests, or my minor child, while utilizing the Program.

I agree to hold the Mille Lacs Band of Ojibwe and the Program harmless from any causes of action, claims, demands, damages, costs, expenses and compensation for damage to myself or my minor child that may be caused by any act, or failure to act, or that may otherwise arise in any way with any services received. I understand that this release discharges the aforementioned from any liability with respect to bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received. This liability waiver and release extends to all Program owners, partners, and employees.

Consent to Medical Treatment

I hereby consent to the performance of medical treatment, including associated diagnostic and surgical procedures, as considered necessary by an attending hospital physician, resulting from an illness or injury befalling myself, or my minor child, while participating in any activity by the Program, or at locations connected to Program activities. I am aware and I understand that I should carry my own medical insurance. I understand and agree that I shall be financially liable for all costs incurred in relation to the provision of medical treatment, including ambulance charges.

COVID-19—ASSUMPTION OF RISK

- I acknowledge the contagious nature of the COVID-19 virus and understand that the Program adheres to expert recommendations of practicing social distancing and wearing face coverings.
- I acknowledge that the Program has in place preventative measures to reduce the spread of the COVID-19 virus, to the best of its ability, and based on expert recommendations.
- I acknowledge that no guarantee exists regarding whether or not I may contract the COVID-19 virus. I understand that the risk of becoming exposed to and/or infected by the COVID-19 virus may result from the actions or omissions of myself and others, including, but not limited to, Program staff, and other patrons, and I expressly agree and promise to accept and assume such risks.
- I acknowledge that I increase my risk of exposure to the COVID-19 virus by participating in service rendered by the Program.
- I acknowledge that I must comply with all Program procedures to reduce the spread of the COVID-19 virus while in attendance.

I attest:

- I am not experiencing any symptom of illness such as: cough, shortness of breath, difficulty breathing, fever, chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- I have not traveled internationally within the last 14 days.
- I have not traveled to a highly impacted COVID-19 virus area within the United States in the last 14 days.
- I do not believe I have been exposed to someone with a suspected and/or confirmed case of the COVID-19 virus.
- I have not been diagnosed with the COVID-19 virus by state or local public health professionals.
- I am following all recommended guidelines, including limiting any potential exposure to the COVID-19 virus.

I have read and fully understand the meaning of this Release of Liability, Consent and Assumption of Risk form and the incorporated releases that appear above. I agree that I am giving up certain rights by signing this form. I agree that I am at least 18 years of age and am competent to sign. I voluntarily consent, myself and/or my minor child, to participate in fitness related activities with the Mille Lacs Band of Ojibwe Aanjibimaadizing and Ge-Niigaanizijig Program.

Signature

Date

AANJIBIMAADIZING GE-NIIGANIZIJIG SPORTS REGISTRATION FORM

Child's Name

Sports they are registering for:

Parent/Guardian Name
Home Phone
Work Phone
Address
City, State, Zip Code

Parent/Guardian Name
Home Phone
Work Phone
Address
City, State, Zip Code

Alternative Emergency Contacts

Primary Emergency Contact
Home Phone
Work Phone
Address
City, State, Zip Code

Secondary Emergency Contact
Home Phone
Work Phone
Address
City, State, Zip Code

Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number
Allergies/Special Health Considerations:	

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

I give permission for my child to attend away games. I release Aanjibimaadizing, Ge-Niigaanizijig and individuals from liability in case of accident during activities related to programming, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date