

TURTLE MOUNTAIN BAND OF CHIPPEWA

Tribal Youth Program

APPLICATION FOR EMPLOYMENT

DATE: _____ SOCIAL SECURITY NUMBER: _____

POSITION APPLYING FOR: _____

NAME: _____ DATE OF BIRTH: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

HOME PHONE: _____ MOBILE: _____

EDUCATIONAL BACKGROUND

HIGH SCHOOL: _____ YEAR GRADUATED: _____

COLLEGE/VOCATIONAL: _____ FIELD OF STUDY: _____

WHY ARE YOU INTERESTED IN APPLYING FOR AN INTERNSHIP?

EMERGENCY CONTACT: _____

HOME PHONE: _____

CELL: _____

SIGNATURE OF APPLICANT: _____ **DATE:** _____

TURLTE MOUNTAIN BAND OF CHIPPEWA

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Tribal Youth Program

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATION IN the Tribal Youth Program, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this internship.

I acknowledge that this accident waiver and release of liability form will be used by the Tribal Youth Program in which I participate, and that it will govern my actions and responsibilities at the internship activities/project.

In consideration of my application and permitting to participate in this internship, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

I WAIVE, RELEASE, AND DISCHARGE FROM ANY AND ALL Liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me including my traveling to and from this project, **THE FOLLOWING PERSONS:** Turtle Mountain Tribe/BIA and their directors, supervisors, officers, volunteers, representatives, and agents or this internship;

I INDEMNIFY, HOLD HARMLESS AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participating in this internship, whether caused by the negligence or release and otherwise.

I acknowledge that the Turtle Mountain Tribe/BIA and their directors, supervisors, officers, volunteers, representatives, and agents are not responsible for the errors, omissions, acts, or failures to act of any party or entity conducting this internship on behalf of the Tribal Youth Program.

I acknowledge that this internship may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, conditions of participants, volunteers, spectators, and/or producers of the internship, and lack of hydration. These risks are not only inherent to participants but are also present for volunteers.

I, _____(Print Name) being over 18 years of age, or I, parents or guardian of _____(Print name of child) hereby grant TMBCI Tribal Youth Program the right to use the information described below, without compensation, and any TMBCI Tribal Youth Program publication or through written material.

Please specify and initial all that apply to your release information:

My child's Photograph _____

TMBCI Tribal Youth will be holding various activities for all youth, families, and community members. All minors and adults are subject to rules and regulations of the TMBCI Tribal Youth Program. We can refuse the right to any participant that enters any facility if they do not follow our rules and regulations. Proper dress attire and appropriate behavior must be upheld for all activities. Furthermore, by signing this document, you or your child may be subject to other written rules and regulations that may apply.

WAIVER OF LIABILITY INFORMATION:

I understand that TMBCI Tribal Youth Program will use this release of information my submitted text and my likeness only educational, informational, and/or promotional purpose only. I hereby agree to hold TMBCI Tribal Youth Program, its licenses and affiliates harmless from any liability resulting from participating in extra-curricular events or activities described in information, text and graphic representation. I, furthermore, agree to hold TMBCI Tribal Youth Program from any injuries, incidents or even deaths as a result of participation in extra-curricular activities such as basketball, swimming, boating, biking, running, training/education material of any other activities with the TMBCI Tribal Youth Program

I hereby consent to receive medical treatment, which may be deemed advisable in the event of a family emergency. I understand that this is internship, I may be photographed. I agree to allow my photos to be photographic. I agree to allow my photo; video, or film likeness to be used for any legitimate purpose by the organizers, staff programs and assigns.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND CONTRACT AND SIGN IT OF MY OWN. FREE

Name of the person this release is for: _____

Signature of the person this release is for: _____

Telephone number of parents or guardian: _____

Address: _____

Email Address: _____

Name of parent or legal guardian: _____

Signature of parent or legal guardian: _____

Date: _____

If you have any questions please contact Elaine Nadeau, Tribal Youth Program Director and Felicia Nadeau, Tribal Youth Program Office Manager at 701-477-5258

Thank You.

Parent/guardian waiver for minors (under 18)

The undersigned parent and natural guardian does hereby represent that he/she is in fact, acting in such capacity, has consented to his/her child or ward participation in the activities or internship, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undesignated parent or guardian further agrees to save and hold harmless

and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the Minot and the parents and legal guardian.

Print Participant's Name and Age

Signature of Parent or Guardian

Date