

# Gathering of Little Turtle

June 20 – 23, 2014

## Release of Responsibility

**\*\*THIS FORM TO BE COMPLETED BY PARENTS IF ATTENDEE IS UNDER THE AGE OF 18THIS FORM TO BE COMPLETED BY PARENTS IF ATTENDEE IS UNDER THE AGE OF 18THIS FORM TO BE COMPLETED BY PARENTS IF ATTENDEE IS UNDER THE AGE OF 18\*\***

I, (parent's name) \_\_\_\_\_, the parent of (Intern's name) \_\_\_\_\_, understand and acknowledge the possibility of accidents associated with outdoor activities and travel. I also understand the sponsors will provide supervision to the best of their ability to my son/daughter in an effort to prevent accidents. Furthermore, I will not hold the Wyandotte Nation or any person associated with this activity responsible for accidents concerning my son/daughter during his/her participation.

\_\_\_\_\_  
Parent's Signature Date

## Consent for Medical Treatment

While my son/daughter is in the care of the Wyandotte Nation for three days, June 20 – 23, 2014, I will allow my child to be treated at a medical facility or doctor and will consent to emergency transport in the event that a medical emergency should occur.

The Wyandotte Nation will seek treatment with your child's family doctor if possible.

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature Date

Notary: Seal or Stamp

Signature \_\_\_\_\_

My Commission Expires \_\_\_\_\_, 20 \_\_\_\_

My Commission Number \_\_\_\_\_