



*the*  
**Chickasaw  
Nation**

**Department of Community Services / Chickasaw Employment Access Division**

**Toksali SMART Program**

910 Colony Drive / Ada, OK 74820 / (580) 310-9240 / Fax: (580) 235-0553

**Bill Anoatubby**  
Governor

## **Toksali SMART Participant Consent**

### **I understand and agree that:**

- Participant is required to follow the approved dress code established by the Toksali SMART program.
- Participant will act in a professional manner at all times in accordance with the policies and procedures of the Toksali SMART program, both during training sessions and while performing duties at on-the-job training.
- Participant will attend and participate in Toksali SMART activities. (Training sessions are required and will be the assigned on-the-job training site for the day.)
- The Toksali SMART program staff will have access to the participant's confidential network login information and may utilize the information to assist with the hiring process.

### **Photograph consent and release:**

Participant grants permission to the Chickasaw Nation, its agents or employees to photograph, record, film and videotape the participant during the recruitment and retention program events for future promotion of the Chickasaw Nation, its programs and events and/or any Chickasaw Nation publications. Participant agrees that their picture or likeness or anything derived therefrom created by the Chickasaw Nation is owned by the Chickasaw Nation, and may be used, published, reproduced or broadcast by the Chickasaw Nation. If the participant should receive any print, negative or copy, the participant will not authorize its use by anyone else. The participant will have no right of approval, no claim to any compensation, now or in the future, and no claim (including, without limitation, claims based upon invasion of privacy, defamation or right of publicity) arising out of any uses, alteration, distortion or illusionary effect or use in any composite form.

### **Drug/alcohol testing:**

Participant may be subject to drug and alcohol testing and gives consent to undergo such testing in accordance with the Chickasaw Nation's drug testing policy. Refusal will automatically result in a positive test.

### **Consent and liability release:**

Participant gives consent for participation and transportation to all Toksali SMART program events and activities, including tutoring, if applicable and to transportation for emergency treatment while they are participating in the Toksali SMART program. Participant hereby forever releases and holds harmless the Chickasaw Nation, its employees and agents, of any liability, claims, demands or causes of action in the event of accidental injury, illness or death to the participant while the participant is participating in the Toksali SMART program.

### **Acknowledgment:**

As the participant, or the parent/legal guardian of the participant on behalf of a minor participant, I have read this Participant Consent Form and I understand, consent to and freely sign the same. I understand that this document affects my legal rights, and I acknowledge that I am legally competent to sign this Participant Consent Form.

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/legal guardian signature (if applicable)

\_\_\_\_\_  
Date