



**Chickasaw Nation Environmental Services Area
Parental Consent/Liability Release and Photograph Consent and Release**

Event name: _____

Event location (including city/state): _____

Event dates (beginning/ending): _____

Participant name: _____

Part I: Environmental services area's staff has my permission (please initial each item signifying your understanding and agreement):

- _____ For my child to participate in the above-mentioned event.
- _____ To transport my child for emergency treatment.
- _____ To make decisions regarding the welfare of my child, such as medication needs and health assessments, if necessary, while he/she is participating in this event.
- _____ To allow a Chickasaw Nation CHR to conduct health assessments (blood sugar test, hearing test, eye exam, etc.). I understand he/she will be referred for a follow-up with his/her physician, if applicable.
- _____ To administer over-the-counter medications to my child, as needed (ex: acetaminophen, ibuprofen), except for the following:

_____ Please list any over-the-counter medications your child **cannot** take

_____ Please list any existing medical conditions your child has of which environmental service area's staff should be aware:

_____ Emergency contact name

_____ Emergency contact phone no.

Part II: Please initial each item signifying your understanding and agreement:

- _____ I hereby grant the Chickasaw Nation, its employees, agents and others working for it or on its behalf and their respective successors and assigns the absolute right and permission to use, publish, reproduce, broadcast and copyright my name, picture, likeness or any material based upon or derived therefrom, in any manner or media whatsoever for purposes of advertising or trade in promoting and publicizing the Chickasaw Nation.
- _____ I agree that my picture or likeness or anything derived therefrom created by the Chickasaw Nation is owned by the Chickasaw Nation. If I should receive any print, negative or other copy, I shall not authorize its use by anyone else.
- _____ I shall have no right of approval, no claim to additional compensation and no claim (including without limitation, claims based upon invasion of privacy, defamation or right of publicity) arising out of any use, alteration, distortion or illusionary effect in any composite form.
- _____ I agree that this release does not in any way conflict with any existing commitment on my part.
- _____ I release the Chickasaw Nation and any of its staff or employees of any liability in the event of accidental injury, illness or death to the above-mentioned child, during the term of this event.

_____ Parent/legal guardian name (print)

_____ Parent/legal guardian signature
(participants 18 or older may sign form)

_____ Date