the Chickasaw Nation

Bill Anoatubby
Governor

Department of Culture and Humanities / Performing and Visual Arts Division
Performing Arts
201 North Broadway / Ada, OK 74820 / (580) 272-5520 / Email address: Storytelling@Chickasaw.net

2026-2027 "Keepers of the Flame" Storytelling Program Application

Name: _____
First Middle Last Suffix

Birth date: _____ T-shirt size: _____ Applying for: ☐ Level 1 ☐ Level 2

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Home phone no.: (___) _____ Cell phone no.: (___) _____

Do you receive text messages? ☐ Yes ☐ No

Email address: _____

Affiliation: (Please check all that apply)
☐ Chickasaw citizen ☐ Chickasaw Nation employee Employee ID no.: _____

Department: _____ Division/facility: _____

Immediate supervisor: _____ Job title: _____

Emergency contact:

Name and relationship: _____ Phone no.: (___) _____

Scope:

The "Keepers of the Flame" Storytelling Program is designed to train participants, 18 years of age and older, in the ancient tradition of Chickasaw oral storytelling.

_____ (initials) **Classes and presentations:** The "Keepers of the Flame" Storytelling Program participants present at a variety of venues and locations throughout the scheduled course. This is to gain performance experience with a live audience and to share what they have learned with family and friends.

_____ (initials) **Attendance commitment:** By signing this document, I am committing to: (level 1) be in class in person, on time for the full duration of the class for all the scheduled classes, as well as attend shadowing opportunities and present at six live audience events OR (level 2) present stories alongside a storytelling mentor at eight live audience events for the 2026-2027 program to the best of my abilities and understand that failing to do so may result in my removal from the class and/or presentations.

_____ (initials) **Class schedule:** I acknowledge that I have read the class schedule attachment, found on www.Chickasaw.net, for the level for which I am applying and understand and agree to the time commitment.

_____ (initials) **Communication:** I understand it is my responsibility to communicate with the instructor in advance if I am unable to attend class, and that failing to do so may result in my removal from the class and/or presentations.

_____ (initials) **Clothing/attire:** The “Keepers of the Flame” Storytelling Program participants are responsible for shoes, regalia and other items needed for presentation participation.

_____ (initials) **Background check:** The “Keepers of the Flame” Storytelling Program participants must consent to and be able to pass a background check.

_____ (initials) **Chickasaw citizen priority:** I understand that the “Keepers of the Flame” Storytelling Program is first and foremost designed for Chickasaw citizens and they will be given priority when setting enrollment.

Applications can be submitted via email or in person at the Chickasaw Nation Performing and Visual Arts building.
Deadline for submission is October 3, 2026.

_____ _____
Participant signature Date

For additional information, please contact the “Keepers of the Flame” Storytelling Program at (580) 272-5520 or email Storytelling@Chickasaw.net.

Release, waiver of liability and indemnification:

In consideration of being permitted to participate in "Keepers of the Flame" Storytelling Program and the performances given at various venues and locations (events), I _____ (participant), on behalf of myself, my heirs, executors, administrators and assigns, hereby state:

1. I knowingly and freely assume any and all risks, both known and unknown, of illness, injury, death, damage or loss to self, to others and/or to property which might be associated with or result from my participation in the events, even if arising from the negligence of the Chickasaw Nation or others.
2. I release and forever discharge the Chickasaw Nation, its employees, officers, directors, shareholders, affiliates, agents, representatives, successors and assigns of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action in respect of death, injury, loss or damage to myself or property however caused, arising or by reason of or during my participation in the events, whether prior to, during or subsequent to my attendance and notwithstanding that any claim may have been contributed to or occasioned by the negligence of the Chickasaw Nation, its employees, officers, directors, shareholders, affiliates, agents, representatives, successors and assigns.
3. I agree to indemnify and hold harmless the Chickasaw Nation, its employees, officers, directors, shareholders, affiliates, agents, representatives, successors and assigns from and against any and all liability incurred by the Chickasaw Nation or any other vendor or visitor or damage to any property thereof arising as a result of or in any way connected to my participation in the events.
4. I grant permission to the Chickasaw Nation, its employees or agents to photograph, record, film and videotape me during the events, and to use such materials in any and all publications, educational materials, research, marketing, advertising, news media and web materials for future promotion of the Chickasaw Nation, its programs and events. I understand and agree that such materials, including all negatives, positives, digital images, prints, recordings or anything derived therefrom created by the Chickasaw Nation, will become and remain the sole property of the Chickasaw Nation, respectively, and I will have no right or title to such items. If I should receive any print, negative, recording or copy, I will not authorize its use by anyone else. I 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. I understand and agree that these materials may be kept on file and used for future purposes. I hereby agree to release the Chickasaw Nation from any and all liability arising from or in connection with the taking, use, publication or dissemination of such materials now or in the future.
5. I understand that the Chickasaw Nation is a sovereign entity and that the Chickasaw Nation does not waive any sovereign rights or immunities by allowing my participation in the events and/or by offering and hosting these Events.
6. In case of accident or need for emergency medical attention, I give permission to the "Keepers of the Flame" Storytelling Program staff to take me to a physician and/or other licensed practitioner and/or emergency facility of the Chickasaw Nation's choice. I understand that I will be responsible for all expenses for treatment provided to me.

I hereby acknowledge I have read, understand and agree with the foregoing. I also acknowledge this release, waiver of liability and indemnification is intended to be as broad and inclusive as permitted by the applicable laws of the Chickasaw Nation.

_____ _____

Participant signature Date