



**Culture & Humanities Department / Heritage Preservation Division**

Post Office Box 1548 / Ada, OK 74821 / Phone: (580) 272-1286  
Email: [catie.hamilton@chickasaw.net](mailto:catie.hamilton@chickasaw.net)

**Chickasaw Explorers Program  
College Students**

To complete this application, you must attach copies of the following:

- \*College transcript
- \*Signed consent and participant code of conduct forms
- \*Medical release statement

Participant's name: \_\_\_\_\_  
First Middle Last Suffix

Mailing Address: \_\_\_\_\_  
Street City County State ZIP

Physical address: \_\_\_\_\_  
 same as mailing Street City County State ZIP

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Gender:  Male  Female

T-shirt size: \_\_\_\_ Tribal affiliation: \_\_\_\_\_ SSN: \_\_\_\_\_

College attending: \_\_\_\_\_ Classification: \_\_\_\_\_

Participant's email address: \_\_\_\_\_

Emergency contact: \_\_\_\_\_  
Name Phone number

Return applications via email to [catie.hamilton@chickasaw.net](mailto:catie.hamilton@chickasaw.net) or mail; The Chickasaw Nation Chickasaw Explorers Program, Attention: Catie Hamilton, Post Office Box 1548, Ada, OK 74821 or call 580-272-1286.

*The Chickasaw Nation Chickasaw Explorers Program and the applicant agree to strictly maintain the confidentiality of all information disclosed hereunder or any amendments thereto. The parties concur that the information contained in said application shall be considered "Confidential Information" and shall not be disclosed to third persons, except upon written consent of the applicant or as otherwise required by law.*



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**Chickasaw Explorers Program – College Students**

**PARTICIPANT CONSENT**

**INCOMPLETE APPLICATION CANNOT BE PROCESSED**

Please return this information to the Chickasaw Nation Chickasaw Explorers Program, Post Office Box 1548, Ada, Oklahoma 74821. (PLEASE PRINT)

Participant's name: \_\_\_\_\_  
First Last Address City State ZIP

I believe that I am physically and mentally capable of participating in this program offered by the Chickasaw Nation Heritage Preservation Division. Furthermore, I agree to indemnify and hold harmless the Chickasaw Nation, its employees and all personnel (including consultants) participating in or associated in any manner with this event from any claims of damages, liabilities, injury, expense or loss occurring from activities or travel associated with this program.

In case of accident or need for emergency medical attention, I give permission to the program staff to take me to a doctor and/or emergency facility of the Chickasaw Nation's choice. I understand that I am responsible for all expenses for treatment provided to me.

**Please list all medication(s) that you are currently taking (dosage and schedule) and list any allergies:**

\_\_\_\_\_  
\_\_\_\_\_

I give permission to the Chickasaw Nation, its agents or employees to photograph, record, film and videotape me for future promotion of the Heritage Preservation Division programs and/or any Chickasaw Nation publications. 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 uses, alteration, distortion or illusionary effect or use in any composite form.

I understand that the Chickasaw Nation is a sovereign entity and that the Chickasaw Nation does not waive any sovereign rights and immunities by offering and hosting this event.

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date



**Chickasaw Explorers Program – College Students**  
**SUMMER SESSION**

**PARTICIPANT CODE OF CONDUCT**

Please return this information to:  
Chickasaw Explorers Program  
Attention: Catie Hamilton  
Post Office Box 1548  
Ada, OK 74821

One of the primary goals of the Chickasaw Nation Chickasaw Explorers Program is to provide a safe environment conducive to learning. Participants are expected to adhere to the Participant Code of Conduct while attending the trip. Participants' behavior is expected to be cooperative with all the instructors as well as staff members, since all participants are under the supervision of the adults helping with this event.

The use of tobacco, alcohol or drugs in any form will not be allowed. Use of foul or abusive language, excessive horseplay, theft, misuse or abuse of public or private property or disrespect of other participants or staff members will not be tolerated. Violators are subject to being sent home. If violations of the participant code of conduct are deemed by the staff members to be less serious, the punishment will result in a reprimand and further violations may result in participants being sent home.

The Chickasaw Explorers Program will provide meals and transportation from Ada, Oklahoma to the site location. If a participant voluntarily leaves the program prior to its completion, the participant will be responsible for their own meals and transportation home.

For employees of the Chickasaw Nation, participation in the Chickasaw Explorers Program will require prior approval with the employees line of support.

Realizing these guidelines are not "all inclusive," the Chickasaw Nation reserves the right to make adjustments to the participant code of conduct.

The reason for this agreement is to ensure conduct and behavior that will result in every participant receiving the full benefit of enjoyment and educational experiences from this event. It is not intended to place undue restrictions upon any individual.

\_\_\_\_\_  
Participant's printed name

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive officer signature

\_\_\_\_\_  
Date

**Emergency Contact Information**

\_\_\_\_\_  
Name of contact

\_\_\_\_\_  
Phone number