



Toksali SMART Participant Consent

By initialing below, I understand and agree to the following:

- _____ I understand I am required to follow the approved dress code established by the Toksali SMART program.
- _____ I agree to 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 my duties at my on-the-job training site.
- _____ I agree to attend and participate in Toksali SMART activities. (*Training sessions are required and will be my assigned on-the-job training site for the day.*)

Photograph Consent and Release:

_____ I hereby grant the Chickasaw Nation, its agents and others working for it or on its behalf and their respective licenses, 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, or to refrain from doing, in any manner or media whatsoever for purposes of advertising or trade in promoting and publicizing the tribe. I agree that my picture or likeness or anything derived therefrom created by the tribe is owned by it.

Drug/Alcohol Testing:

- _____ I understand that when I participate in the Toksali SMART program, I may be subject to drug and alcohol testing. I understand if I refuse testing; my refusal will automatically result in a positive test.
- _____ I give my consent to undergo testing for the presence of illicit drugs and alcohol in accordance with the Chickasaw Nation’s drug testing policy.

Parental/Legal Guardian Consent/Liability Release:

I, _____, parent/legal guardian of _____, give my consent for participation and transportation of my child to all Toksali SMART program events and activities, including tutoring, if applicable to my child. I also consent to transporting and emergency treatment for my child, including decisions regarding the welfare of the program participant, such as medications and health assessments, up to and including mental and behavioral health care if necessary while he is participating in the Toksali SMART program.

I, the undersigned parent/legal guardian of _____, a minor, do hereby release the Chickasaw Nation and its staff or employees of any liability in the event of accidental injury, illness, or death to the above-mentioned minor, while participating. If the participant is a minor, a parent or legal guardian shall sign the following space below after reading and agreeing to the “Liability Release”.

Certification:

I certify that the information provided is true and correct to the best of my knowledge. I understand that all information provided is subject to review and verification, and I may have to provide documents to support this application. I allow release of this information for verification purposes and understand that it will be used to determine eligibility.

Applicant signature

Date

Parent/legal guardian signature (if applicable)

Date