



## **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.***)
- \_\_\_\_\_ I am aware and understand the Toksali SMART program staff will have access to my confidential network login information and may utilize the information on my behalf to assist with the hiring process.

**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 Chickasaw Nation. I agree that my picture or likeness or anything derived therefrom created by the Chickasaw Nation 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; and 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. I understand if I refuse testing, my refusal will automatically result in a positive test.

**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 they are 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 the minor is participating in the program.

**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