



Iowa Tribe of Oklahoma

R.R. 1 Box 721

Perkins, Oklahoma 74059

(405) 547-4234

Fax: 547-1060

Photograph and Media Consent

____ I give my/ my child permission to be photographed during the Summer Camp Program events. I acknowledge that the photos may be used in various formats for the newsletter, website, and/or other media associated with the Iowa Tribe of Oklahoma.

___ I do not give my child permission to be photographed.

Parent/Guardian Name: _____ Signature: _____

Name: _____ Signature: _____

Release of Liability

I give, _____, permission to participate in Summer Camp Program sponsored by the Iowa Tribe of Oklahoma Education Department. I will not hold the Iowa Tribe of Oklahoma, any affiliated individual(s) and/or department(s) associated with the Summer Youth Work Program liable for any accidents, injuries, or incidents related to this event. I am aware of the activities that this minor will participate in. I provided all necessary information for the individual listed above in case of an emergency.

Parent/Guardian Print Name: _____

Signature: _____ Date: _____

Participant name: _____ Signature: _____ Date: _____



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Transportation Liability Release

Participant Name _____ will travel in a vehicle owned/operated by the Iowa Tribe of Oklahoma for official business.

I understand and agree that the Iowa Tribe of Oklahoma, employees, agents, and/ or volunteers cannot be held liable for accident or injuries related to this transportation. This release of liability will be in effect for one year from date indicated below or its withdrawal in writing from signatory.

Parent/Legal Guardian Signature

Date

Participant name: _____ Signature: _____ Date: _____