

NATIVE AMERICAN FISH & WILDLIFE SOCIETY

NATIONAL NATIVE AMERICAN ENVIRONMENTAL AWARENESS SUMMER YOUTH PRACTICUM (National SYP)



MEDIA RELEASE STATEMENT

I, _____ PARENT OR GUARDIAN, OF _____
give permission for Native American Fish & Wildlife Society to take pictures, videos, Instagram Stories, of my student which may be shared with partnering organizations and/or used in newspapers, television, magazine articles, websites, NAFWS social media pages (Twitter, Facebook, Instagram), documentations, presentations and talks concerning the National SYP and NAFWS without compensation.

Parent or Guardian, I have read, understand, and accept all the conditions above:

Name of Parent (Printed): _____

Signature of Parent or Guardian: _____ Date: _____

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PARENT/GUARDIAN CONTRACT

(To be filled out by parent or guardian)

PARENT/GUARDIAN: I have read, understand, and agree with the following terms. Permission is given for my child to participate in all activities and events, and for my child to receive all necessary medical attention should the need arise, with the understanding that I will be contacted immediately. Furthermore:

1. I understand that the Native American Fish & Wildlife Society or the chaperones will not be responsible for any theft, injury, or illness where my child is concerned.
2. I give permission for any chaperone or staff member to render first aid, if necessary.
3. I give my consent and permission for hospital staff to treat my minor child if needed in the case of an emergency, with the understanding that I will be contacted immediately.
4. I understand that the youth will be chaperoned responsibly, and every effort will be made to ensure a safe and enjoyable experience.
5. I understand that drugs or alcohol use are NOT permitted and that if my child is caught under the influence, I will pick him/her up immediately AT MY OWN EXPENSE.
6. I understand that bullying and/or hazing is NOT permitted and that if my child is caught bullying and/or hazing, I will pick him/her up immediately AT MY OWN EXPENSE.
7. I understand that as part of my child's application, the STUDENT EMERGENCY INFORMATION FORM is required to be completed and on file.
8. I understand that if my child withdrawal's their participation within fourteen days prior to travel date, I may be responsible for returning travel costs that can include mileage and airfare to the NAFWS.
9. I understand that if my child is not vaccinated, my child must have a negative COVID-19 test 48 hours prior to their departure for the National SYP including submitting a negative COVID-19 form to the NAFWS.
10. I release and waive any claims I may have against the NAFWS and their officials, employees and agents for personal injury or property damage due to my child's participation in the 2022 National Summer Youth Practicum.

Name of Parent (Printed): _____

Signature of Parent or Guardian: _____ Date: _____

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EMERGENCY INFORMATION PARENT/GUARDIAN CONTRACT

(To be filled out by parent or guardian)

STUDENT NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PARENT/GUARDIAN NAME: _____

WORK PHONE: _____ MOBILE PHONE: _____ EMAIL: _____

EMERGENCY CONTACT 1: (IF SAME AS PARENT/GUARDIAN LEAVE "EMERGENCY CONTACT 1 BLANK", FILL OUT EMERGENCY CONTACT 2)

NAME: _____ PHONE: _____ RELATIONSHIP: _____

EMERGENCY CONTACT 2:

NAME: _____ PHONE: _____ RELATIONSHIP: _____

PHYSICIAN NAME & ADDRESS: _____

PHONE: _____ MEDICAL COVERAGE: _____

IS YOUR CHILD ELIGIBLE FOR CONTRACT HEALTH CARE COVERAGE FROM INDIAN HEALTH SERVICE (IHS): YES NO

IHS CLINIC NAME, LOCATION, PHONE: _____

HAS YOUR CHILD RECEIVED THEIR COVID-19 VACCINATION? IF YES, PLEASE STATE TYPE OF VACCINE (I.E. MODERNA) AND DATE RECEIVED OF DOSE(S): _____

*** IF YOUR CHILD HAS NOT RECEIVED THEIR COVID-19 VACCINATION, NAFWS WILL REQUIRE A NEGATIVE COVID-19 TEST 48 HOURS PRIOR TO THEIR DEPARTURE TO THE NATIONAL SYP. WE WILL SEND A FORM FOR PARENTS/STUDENTS TO FILL AND SUBMIT – THIS FORM WILL REQUEST: STUDENT NAME, DATE OF COVID TEST, WHAT TYPE OF TEST AND TEST RESULT.***

DOES YOUR CHILD HAVE ANY PHYSICAL DISABILITIES? (EXPLAIN): _____

DOES YOUR CHILD WEAR GLASSES AND/OR CONTACT LENSES: YES NO

SPECIAL FOOD OR DIETARY RESTRICTIONS: _____

ALLERGIES (HAY, ANIMALS, BITES, STINGS, FOOD, DRINKS, MEDICATION) (EXPLAIN): _____

_____ ASTHMA? _____

HAS YOUR CHLD HAD ANY MAJOR ILLNESSES IN THE PAST 5 YEARS? _____

IS YOUR CHILD CURRENTLY TAKING ANY MEDICATION(S)? _____

DOES YOUR CHILD REQUIRE ANY SPECIAL (EMERGENCY) MEDICATION? _____

PLEASE LIST ANY OTHER INFORMATION WHICH YOU FEEL IS IMPORTANT:

NAFWS LIABILITY WAIVER AND GENERAL RELEASE
FOR SUMMER YOUTH PRACTICUM RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact, by contact with contaminated surfaces and objects, and in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown. Evidence has shown the COVID-19 can cause serious and potentially life-threatening illness and death. Even with social distancing, mask-wearing and development of vaccines, new and emerging variants of COVID-19 may increase risk of transmission and/or mortality.

The Native American Fish and Wildlife Society (NAFWS), which conducts the Summer Youth Practicum (SYP), including each of their affiliates, members, employees, officers, instructors, aides, and/or agents (the “Released Parties”) cannot prevent you from becoming exposed to, contracting, or spreading COVID-19 while participating in the SYP. While the NAFWS will require all SYP participants and staff to have either received their COVID-19 vaccination or to have a negative COVID-19 test result within 48 hours of their departure for the SYP, it is not possible to prevent against the presence of the disease. Therefore, if you choose to participate in the SYP, you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understand the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself, and for my family members or others who I may expose, in order to participate in the SYP. These services are of such value to me that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to participate in the SYP.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against the Released Parties in connection with exposure, infection, and/or spread of COVID-19 related to my participation in the SYP. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims if negligence, and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

OTHER TERMS: I fully understand and agree that (a) this Release is intended to be as broad and inclusive as permitted by the laws of the State of Colorado; (b) if any portion of this Agreement is for any reason held invalid or legally unenforceable, then the balance shall, notwithstanding, continue in full force and legal effect; and (c) I have had the opportunity to ask questions about this Agreement and I fully understand its terms and meaning.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS WAIVER AND GENERAL RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE;

Signature: _____

Date: _____

Name (printed): _____

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Waiver and General Release.

Signature: _____

Date: _____

Name (printed) _____

- Requesting staff and student's information regarding COVID-19 vaccinations to help prepare lodging logistics.
- Students and instructors are required to submit a negative COVID-19 test 48 hours prior to their departure for the National SYP. NAFWS will send a form, for students and instructors to fill and submit, at a later date.
- Parents/Guardians will have to review and sign a NAFWS COVID-19 Liability form and any additional form required by the host sites.

DURING THE NATIONAL SYP (SATURDAY, JULY 9 – SATURDAY, JULY 16, 2022)

LODGING

- Counselors will sanitize all the rooms prior to student's arrival.
- Since students will be **required** to have a negative COVID-19 test prior to the National SYP or have received their COVID-19 vaccination, students will lodge together.
- Students will be allowed to be maskless **ONLY** in their rooms, outdoors when physically six-feet apart or in instances of all vaccinated individuals (per CDC guidelines).
- Students will be highly encouraged to wash and/or sanitize their hands before entering and leaving their room.

CLASSROOM

- Students will be pre-screened at the start of each day.
- Students will be required to wear masks within the classroom, in any building of the YMCA of the Rockies, any public building, on Colorado State University's campus and when in outdoor situations where a six-foot physical distance is not possible.
- Students will be kept in minimal contact with other guests and groups.
- Sanitation of classroom and equipment, before and after use with CDC recommended cleaning and sanitation materials.
- Activities and lectures will be outside when deemed appropriate.
- Classroom will be well ventilated by opening and keeping open windows and doors.

FOOD & DINING

- The YMCA of the Rockies has an Aspen Dining Room and CSU Mountain Campus dining room that are open daily which is where we will be having our meals. In-sitting dining is currently open and put our efforts towards eating away from groups of people and wearing masks throughout the dining area.

SIGNAGE & ACCOUNTABILITY

- Signs will be placed throughout the areas SYP participants and staff will occupy, reminding of handwashing, hand sanitation, correct mask wearing, etc.

- We encourage students and staff to hold each other accountable in an encouraging and respectful manner
- Student(s) will be rewarded and recognized for doing an exceptional job in practicing COVID-19 safety and sanitation guidelines including helping and keeping others accountable

IF A STUDENT, STARTS TO FEEL COVID19-LIKE SYMPTOMS AT THE NATIONAL SYP

- We will follow the [State of Colorado guidelines for Cases and Outbreaks in Child Care and Schools](#) as best as we can.
- If a student or staff does not pass the [At home COVID-19 screening checklist](#), then the student or staff will immediately be quarantined in their room. Student’s parents/guardians will be notified. Staff will check on student or staff, consistently throughout quarantine, while keeping themselves safe (i.e. possibly talking through the door or calling their cell phone).
 - If symptoms, are resolved within 24 hours, student/staff will be allowed to be out of quarantined based on the “[Return to Learn](#)” tool.
 - If symptoms worsen or do not resolve, student’s parents/guardians will be notified. NAFWS will prepare student to travel home and/or visit the local hospital.

ACKNOWLEDGE AND AGREEMENT

Student, I have read, understand and accept all the conditions above:

Name of Student: _____

Signature of Student: _____ Date: _____

Parent or Guardian, I have read, understand and accept all the conditions above and overviewed them with student:

Name of Student: _____

Signature of Student: _____ Date: _____

FOR MORE COVID-19 INFORMATION:

CENTER OF DISEASE CONTROL (CDC)

<https://www.cdc.gov/>

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/summer-camps.html>

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/adolescents.html>

STATE OF COLORADO

<https://covid19.colorado.gov/for-coloradans>

YMCA OF THE ROCKIES

<https://ymcarockies.org/what-to-expect/>