



The Sauk-Suiattle Indian Tribe  
Cultural Resources Department  
5318 Chief Brown Lane  
Darrington, Washington 98241-9420

(360) 436-0333

Adult

The Tribal Canoe Journey Permission Slip and Emergency Release Form

Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

{ } Male / { } Female Phone Numbers: \_\_\_\_\_

Tribe: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

Address: \_\_\_\_\_

Pertinent Medical Information (including drug allergies, chronic conditions, current medications, other): \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical Insurance Coverage: \_\_\_\_\_ Member #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ Phone #: \_\_\_\_\_

[ ] I have attached is a copy of the Medical Coverage.

**IN CASE OF EMERGENCY, PLEASE CONTACT ONE OF THE FOLLOWING PERSONS:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Permission to travel and participate/liability release:**

I, \_\_\_\_\_, do hereby willingly agree to participate in Canoe Journey including all associated activities and functions related to the journey. I understand that I may be traveling via Tribal and Tribally authorized Vehicles (for example: car, bus, van and commercial vehicles including commercial van, boat, and bicycle). I hereby recognize the inherent risk associated with the various Canoe Journey activities and forms of travel, and agree to save and hold harmless the Sauk-Suiattle Indian Tribe and their employees, volunteers, and agents from any liability or expense that may arise from my participation in Canoe Journey activities and any travel related incidents going to and from such activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION OF CONSENT TO TREAT**

I, \_\_\_\_\_, do hereby authorize Sauk-Suiattle Indian Tribe's Canoe Journey Leaders, employees, officers and adult volunteers as agent(s) for the undersigned to consent to any x-ray examination anesthetic, medical or surgical diagnoses or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific treatment or diagnosis but is given to provide authority and power of treatment, or hospital care which the afore mentioned physician in the exercise of best judgment may deem advisable.

This authorization shall come into effect on July 23<sup>rd</sup>, 2018 and remain in effect until August 5<sup>th</sup>, 2018.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE OF LIABILITY**

I, \_\_\_\_\_, shall indemnify, hold free and harmless, assume liability for, and defend Sauk-Suiattle Indian Tribe and SSIT's Canoe Journey Leaders, its agents, employees, officers, and directors from any and all costs and expenses including but not limited to, medical fees, attorney's fees, discovery costs, court costs, and all other sums associated with any claim or action founded thereon, including those arising or alleged to have arisen out of treatment of afore mention participant. I also release Sauk-Suiattle Indian Tribe, Canoe Journey Leaders, and any agents of the committee of any liability incurred due to afore mentioned participant's use of real or personal property belong to Sauk-Suiattle Indian Tribe, and its agents, employees, or volunteers.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDIA RELEASE**

I also release for ourselves all rights and claims to all photographic images and video or audio recordings of ourselves.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_