



Chilkoot Indian Association

Federally Recognized Tribe

P.O. Box 490 Haines, Alaska 99827 907.766.2323



Workshop Participant Agreement

WORKSHOP INFORMATION:

Name of Workshop: **Beginning Weaving, Lily Hope Returning Salmon Headdress**

Date(s) and Time: **September 29 & 30 5:30PM – 7: 00PM, October 01, 2022 9:00AM-4:30PM**

Location of Workshop: **ANB/ANS Hall, Haines, AK**

Description of Workshop: Beginning weaving class working with Lily Hope purchased kits. Participants will learn how to start weaving. This project **WILL NOT** be finished during allotted time frame. In order to finish this project, weaver has been given the option to come to Regalia Saturdays at the ANB/ANS Hall or subscribe to Lily Hope’s Patreon videos at \$98.00/month per person. This includes all start-to-finish video tutorials on entire project, plus up to four Sundays in a single calendar month to “weave with me” live on Zoom from their home zip code.

PARTICIPANT INFORMATION: (To be completed by participant or authorized guardian)

Name of Participant: _____

Address: _____

Telephone: _____ E-Mail Address: _____

Allergies: Food and/or Medications: _____

Name and Relationship of Emergency Contact: _____

Telephone of Emergency Contact: _____

COST OF WORKSHOP/PAYMENT AGREEMENT:

The cost for the workshop is **110.00** and pre-payment is required by **September 23, 2022** which is **five (5)** days prior to the beginning of the workshop. Payments can be made in the form of cash (exact amount) or check made out to Chilkoot Indian Association. A receipt will be given at time of payment. In the event of cancellation due to insufficient workshop enrollment, illness, bad weather or other events outside of CIA or the participant’s control CIA will refund the cost of the workshop to the participant.

WORKSHOP AGREEMENT:

The Participant agrees to complete the workshop project as soon as may be practicable, preferably within a six (6) month period.

FINANCIAL/HARDSHIP SCHOLARSHIP:

Scholarships are available if you need them. Briefly describe your need. _____

PHOTO/VIDEO RELEASE WAIVER:

I am voluntarily signing this release form which gives the Chilkoot Indian Association (CIA) permission to use photography, video, audio recordings and/or textual material, taken of, or created by me for use in company publications, including websites or other electronic forms or media. In doing so, I have confidence CIA will use this form of media with the utmost respect.

I give up my right to inspect or approve the photographs, publications, or electronic matter that may be used now or in the future and I waive any right to royalties or other compensation arising from or related to the use of the photographs.

I agree to hold harmless CIA from and against any claims, damages, or liability arising from or related to the use of photographs or other media.

Myself and my child participant(s) agree with all statements made above, and have read this release before signing below, fully understanding the contents of this release.

MITIGATION PLAN:

Chilkoot Indian Association (CIA) is hosting a Beginning Weaving Workshop from September 29, 30 and October 01, 2022. This event will follow current CDC Guidelines. Before attending the workshop, staff will on a voluntary basis, take an at home COVID test. There will be a maximum number of participants, ten (10) not including staff, volunteers, visitors and/or participant companions.

- Staff, participants, volunteers, visitors and participant companions will be given the option to wear masks when in close quarter spaces and/or inside buildings together. Masks will be provided.
- COVID tests will be available for each individual wanting to test.
- Currently in Haines Borough, Alaska community level is LOW.
 - https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fscience%2Fcommunity-levels.html

CIA USE, WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT:

Chilkoot Indian Association, (CIA) whose address is, 112 3rd Avenue South, Haines, AK 99827, and the undersigned Participant or Parent/Guardian of the Participant (Participant) acknowledge and agree as follows.

1. In consideration of the risk of injury while participating in a workshop and as consideration for the right to participate in the workshop, participant, hereby, for myself, heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enters into this waiver and release of liability and does hereby release, waive, discharge and covenant not to sue CIA its affiliates, managers, members, agents, staff, volunteers, heirs, representatives, predecessors, successors and assigns (Releases'), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to Participant's involvement or participation in the Workshop, whether caused by the negligence of the Releases' or otherwise, to the fullest extent permitted by law, that Participant may suffer as a direct result of Participant's participation in the Workshop.
2. Participant agrees to indemnify and hold harmless the Releases' from any loss, liability, damage or costs, including court costs and attorney fees that Releases' may incur due to Participant's participation in the Workshop, whether caused by negligence of Releases' or otherwise.
3. It is Participant's express intent that this Agreement will be binding upon the Participant, and his/her respective heirs, executors, administrators, personal representatives, successors, and assigns, and will be deemed as a release, waiver, discharge and covenant not to sue the Releases'.
4. Participant understands that participation in the Workshop is voluntary, and the Workshop is a potentially dangerous activity and involves the risk of serious injury, disability, death, and/or property damage. Participant acknowledges that these risks may result from or be compounded by the actions, omissions, or negligence of CIA employees or others, including negligent emergency response or rescue operations of CIA. Participant understands that CIA cannot guarantee that Participant will not be injured during participation in the Workshop.
5. Participant confirms that he/she is in good health and proper physical condition and does not have any medical or other conditions that would impair his/her ability to participate in the Workshop. Participant agrees to conduct himself/herself in a controlled and reasonable manner at all times, and to refrain from using any equipment related to participation in the Workshop in a manner inconsistent with its intended design and purpose. Participant will follow all instructions, recommendations, and cautions at all times during the Workshop.
6. Participant hereby consents to receive medical treatment deemed necessary if Participant is injured or requires medical attention during participation in the Workshop. Participant understands and agrees that he/she is solely responsible for all costs related to such medical treatment and any related medical transportation and/or evacuation. Participant hereby releases, forever discharges, and hold harmless CIA from any claim based on such treatment or other medical services.

7. In signing this release, Participant acknowledges and represents that: I, for myself, or as the parent/legal guardian of the participating minor child have read and understand this Agreement, and sign this Agreement voluntarily of my own free act and deed: I am at least eighteen (18) years of age and fully competent: and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by the same. I understand the legal consequences of signing this document, including (a) releasing Releases' from all liability, (b) waiving my right to sue Releases', and (c) assuming all risks of participating in this Workshop. I hereby further agree that this Agreement shall be construed in accordance with the laws of the State of Alaska.

I have read and agree to the above *Cost of Workshop/Payment Agreement, Workshop Agreement Financial/Hardship Scholarship, Photo/Video Release Waiver, Mitigation Plan and CIA Use, Waiver of Liability and Hold Harmless Agreement:*

Participant Signature

Date