





**Do you have any special accommodation needs or requests? (All requests will be honored to the extent possible)**

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**Anything else we should know about you/your youth?**

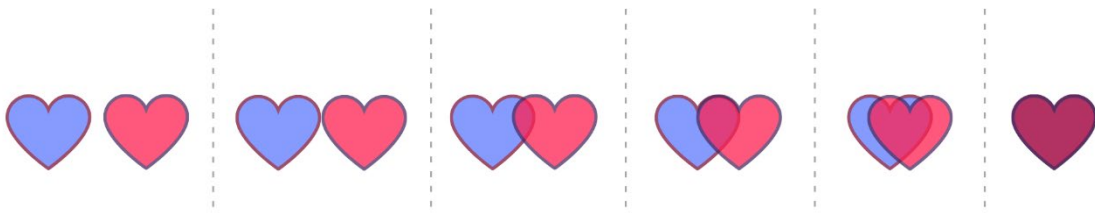
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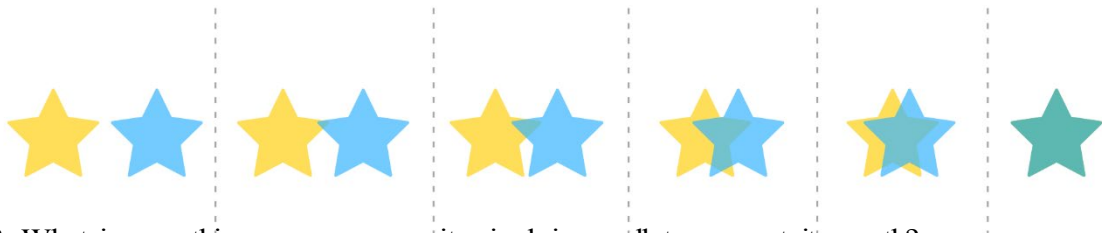
*To be answered by the attending youth:*

To help us prepare for our time together, please answer a few short questions to get to know you better. No individual responses will be shared.

1. In the images below, the blue hearts represent you. The pink hearts represent your community. Circle the set of hearts that best illustrates how close to and included in your community you feel at this moment.



2. In the images below, the yellow stars represent you. The blue stars represent Kickapoo culture, traditions, and history. Circle the set of stars that best illustrates how connected to Kickapoo culture, traditions, and history you feel at this moment.



3. What is something your community is doing well to support its youth?

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4. What is something you wish your community had or did to support youth better?

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5. What excites you most about the Kickapoo Youth GONA?

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## KICKAPOO YOUTH GONA CONSENT PACKET

### CODE OF CONDUCT WAIVER

Participants and their families are to maintain standards of conduct for the health, safety, and enjoyment of all participants. Participants and family members may be withdrawn from events if any of the following occur.

1. Disruptive, discourteous and/or disrespectful behavior toward staff, other participants, or property.
2. Bullying, threats, verbally, physically, or sexually abusive behavior toward staff or other participants.
3. Theft, vandalism, or malicious destruction of property.
4. Selective attendance. Participants must be consistent in their attendance in order to continue participation.
5. Failure to follow all safety rules.

*I consent to the code of conduct agreement above.*

Consenting Adult or Guardian's Signature: \_\_\_\_\_

Consenting Minor Child's Signature (if applicable): \_\_\_\_\_

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

### MEDICAL WAIVER

*I consent to the staff of the Kickapoo GONA to administer the participant, (print name) \_\_\_\_\_, the named medication(s) in the dosage and frequency listed on the registration packet provided.*

Consenting Adult or Guardian's Signature: \_\_\_\_\_

Consenting Minor Child's Signature (if applicable): \_\_\_\_\_

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

### DRUG FREE WAIVER

Kickapoo GONA is operating under the auspices of Public Law 93-638 must comply with the Drug Free Workplace Act 41USC 001 et seq. By signing this, Participants and Parent/Guardians agree to not be in possession, use, or distribution of alcohol or non-prescribed drugs while attending or observing the Kickapoo GONA Event.

*I consent to the drug free agreement above.*

Consenting Adult or Guardian's Signature: \_\_\_\_\_

Consenting Minor Child's Signature (if applicable): \_\_\_\_\_

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



## KICKAPOO YOUTH GONA CONSENT PACKET

### LIABILITY WAIVER

Participants should not bring valuables with them to this event. The staff of the Kickapoo GONA are not liable for lost, stolen, or broken items. Valuables will be retrieved by staff members and returned to the parent or attendee at the end of the event. Participants are responsible for their own money. In case of inclement or excessively hot weather, participants will remain indoors.

*I consent to not hold The Kickapoo Tribe of Oklahoma, Texas, Kansas, any Native Connections Grant Staff member, chaperons, the Native Connections Training and Technical Assistance (TTA) Center, or any other Kickapoo GONA staff member liable against any losses, claims, damages, injuries, or liabilities which may be brought in connection to the participant, (print name) \_\_\_\_\_, attending and participating in this event.*

Consenting Adult or Guardian's Signature: \_\_\_\_\_

Consenting Minor Child's Signature (if applicable): \_\_\_\_\_

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

### MEDICAL & NON-MEDICAL EMERGENCY WAIVER

Participant's Full Legal Name: \_\_\_\_\_

Participant's Date of Birth: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Parent's/Guardian's Phone Number: \_\_\_\_\_

(If other than Parent/Guardian listed above)

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

*I consent to the medical and non-medical emergency agreement above.*

Consenting Adult or Guardian's Signature: \_\_\_\_\_

Consenting Minor Child's Signature (if applicable): \_\_\_\_\_

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



## Photo, Video, and Audio Permission Form

The following entities are all projects of the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services (HHS): the Kickapoo Tribe of Oklahoma (KTO) Native Connections Grant, the Kickapoo Tribe of Texas (KTT) Native Connections Grant, the Kickapoo Tribe of Kansas (KTK) Native Connections Grant, along with the Native Connections Training and Technical Assistance (TTA) Center, being implemented by Tribal Tech, LLC (contractor), Kauffman & Associates, Inc. (subcontractor), and Wopila Consulting, LLC (subcontractor). Each of the entities listed are dedicated to:

- Reducing suicidal behavior and substance use among Native youth up to age 24;
- Easing the impacts of substance use, mental illness, and trauma in tribal communities; and
- Supporting youth as they transition into adulthood.

All entities (KTO, KTT, KTK, TTA) are gathering photographs and audio/video footage of their events and activities. Still and moving images will be used for project purposes only. Audiences may include, but are not limited to, AI/AN communities and villages, SAMHSA officials, federal agencies, and other local or regional stakeholders. Images of participants may be included in any of the following formats: PowerPoint slideshow presentations, reports, brochures, informational materials, website, e-newsletters, digital stories, and/or film presentations.

All entities and/or their contractors will not record or reproduce any images of a community's sacred rituals or ceremonies. Individuals and communities included in images will not be identified by name.

**PARTICIPATION AND CONSENT:** All entities and/or their contractors request your permission to use photographs, likenesses, artwork, profiles, and/or stories in all forms of media and all manners, including publications, web pages, videos, and other



promotional material. Please read the following statements and sign this form if you agree.

- I have read the above information and give my consent to all entities and/or their contractors (KTO, KTT, KTK, TTA) to use my likeness and/or voice by photograph, film, video, or audio recordings and to use, reproduce, prepare derivative works, distribute copies to the public and broadcast publicly and display publicly the resulting work in any medium, and to permit others to do so for any government purpose. I release all entities and/or their contractors (KTO, KTT, KTK, TTA) from any liability resulting therefrom, as long as the work is used in a legitimate manner that is not intended to cause harm or embarrassment.
- I have read and understood this entire document, and I have willingly agreed to the above conditions.

When possible, all entities and/or their contractors (KTO, KTT, KTK, TTA) will make an effort to notify you if photographs or footage of you is featured in any of the Center’s outreach materials. To facilitate advance notice, please include your email address below.

AUTHORIZATION: I am over the age of 18. I have read the above statement and fully understand the contents of this photo, video, and audio permission form.

In the case of a minor, I can attest that I have every right to sign this authorization form for the minor child, \_\_\_\_\_ (print child’s name), in the above regard.

**CONSENT TO THIS PERMISSION FORM IS OPTIONAL AND WILL NOT IMPACT THE PARTICIPATION OF MY CHILD/MYSELF FROM KICKAPOO GONA 2019.**

Name: \_\_\_\_\_

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

Consenting Adult or Guardian's Signature: \_\_\_\_\_

Consenting Minor Child's Signature (if applicable): \_\_\_\_\_

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