



# The Chickasaw Nation Division of Education CNASA Summer Session

## PARENTAL CONSENT

### INCOMPLETE APPLICATION CANNOT BE PROCESSED

Please return this information to the Chickasaw Nation Science, Technology and Math Program, 300 Rosedale, Ada, OK 74820. (PLEASE PRINT)

Child's name: \_\_\_\_\_  
Last First Address Grade entering

Parent/legal guardian: \_\_\_\_\_  
Last First

I believe that my child is physically and mentally capable of participating in the programs offered by the Chickasaw Nation Division of Education. Furthermore, I agree to indemnify and hold harmless the Chickasaw Nation (Nation), its employees and all personnel (including consultants) participating in or associated in any manner with this event from any claims of damages, liabilities, injury, expense or loss occurring from activities of travel associated with the division of education programs.

In case of accident or need for emergency medical attention, I give permission to program staff to take my child to a doctor and/or emergency facility of the Nation's choice. It is understood that all expenses for treatment provided will be borne by the parent, guardian or child.

**Please list all medication(s) your child is currently taking:**

**Please list any over-the-counter medications that you give us permission to give to your child (Example: Tylenol, Motrin, Pepto-Bismol, etc.):**

Furthermore, I give my permission for my child to travel with the program staff and other participants to and from the official events of these programs without my supervision. As a participant of CNASA I hereby give him/her permission to participate in an airplane ride, which I understand will take place in an FAA-registered airplane flown by a certified flight instructor. I further understand that no aerobatic or non-standard maneuvers will be performed.

My permission is granted to the Chickasaw Nation, its agents, or employees to photograph record, film and videotape my child for future promotion of the division of education programs and/or any Chickasaw Nation publications. I shall have no right approval, no claim to additional compensation and no claim (including without limitation, claims based upon invasion of privacy, defamation or right of publicity) arising out of any uses, alternation, and distortion or illusionary effect or use in any composite form.

I understand that the Chickasaw Nation is a sovereign entity and that the Chickasaw Nation does not waive any sovereign rights by offering and hosting this event.

I understand by signing this *Parental Consent* form, I am authorized and have legal authority to consent on behalf of the above-named minor child.

\_\_\_\_\_  
Parent or legal guardian signature (participants 18 or older may sign form)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public