



Ahtna Intertribal Resource Commission

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Youth Participant Release of Liability, Medical Consent, and Media Release Form

Participant Information

Name of Minor: _____
Date of Birth: _____
Parent/Guardian Name: _____
Phone: _____ Email: _____

Event/Activity: AITRC'S Annual Bird Camp

Mile 7 Denali Highway

Date(s): August 8th-10th, 2025

1. Acknowledgment of Risk

I understand that my child's participation in AITRC-sponsored programs or activities may involve physical activity, outdoor fieldwork, use of equipment, travel, and/or exposure to natural elements, wildlife, or preserved specimens. While AITRC staff prioritize safety, I understand that risks may still be present, including but not limited to: minor injuries, allergic reactions, weather-related hazards, and unforeseen events.

2. Medical Consent

In the event of a medical emergency and if I cannot be reached, I authorize AITRC staff or volunteers to seek emergency medical treatment for my child, including transportation by ambulance or other means, and care from licensed medical providers. I understand that I am financially responsible for any resulting medical expenses.

Allergies or medical conditions AITRC should be aware of:

Emergency Contact (if different than above):

Name: _____ Phone: _____

3. Release of Liability

I, the undersigned, hereby release, waive, and hold harmless the Ahtna Intertribal Resource Commission (AITRC), its employees, officers, agents, partners, and volunteers from any and all liability, claims, damages, or losses arising from or related to my child's participation in this activity, including injury, illness, or property loss, to the fullest extent permitted by law.

4. Media Release (Optional – Please check one)

☐ **Yes**, I grant permission for AITRC to take photographs, video, or audio recordings of my child during the activity. These materials may be used in educational, promotional, or reporting materials (including social media, reports, or publications).

☐ **No**, I do not want my child photographed or recorded.

Parent/Guardian Acknowledgment

By signing below, I confirm that:

- I have read and understand this form.
- I am the legal parent/guardian of the minor named above.
- I voluntarily agree to the terms listed.

Signature of Parent/Guardian: _____

Date: _____