



Application for Ma'iingan in the Moonlight October 8-9, 2022

Ma'iingan in the Moonlight, hosted by the Leech Lake Division of Resource Management, is a gathering of youth to explore the wildlife biology field through an interactive trip to the International Wolf Center and North American Bear Center in Ely, MN. This two-day trip will allow youth to explore what it is like being a wildlife biologist with hands-on activities learning about culturally important species, Ma'iingan (gray wolf) and Makwa (black bears). DRM Wildlife Program staff will chaperone and mentor youth along with staff from the Wolf Center and Bear Center. Food, field trips fees, and transportation to and from the DRM to Ely, MN are provided. Youth will need to bring their own overnight items and outdoor appropriate clothes and footwear.

This program is accepting 15 youth applicants between the ages of 12 -17. Applications will be accepted in order they are received with preference given to Leech Lake Band Members.

We highly encourage both young men and women to apply. There will be both female and male mentors for all activities. **Applications will be accepted until September 19, 2022.**

At this time, we are requiring participants to have a negative covid test within 3 days of the field trip. This is subject to change and participants and parents/guardians will be notified closer to the event of required covid precautions.

Applicant Information:

Name: _____

Date of Birth: Month _____ Day _____ Year _____

Gender: Male _____ Female _____

Address: Street/Physical _____

City _____ State _____ Zip Code _____

Parent / Guardian Information:

Name: _____

Home Phone Number: _____

Cell Phone Number: _____

E-mail: _____

Emergency Information:

Emergency Contact Name: _____

Relationship to applicant: _____

Phone Number: _____

Alternate Emergency Contact Name: _____

Relationship to applicant: _____

Phone Number: _____

Does the applicant have any allergies, chronic illness, or medical conditions? If yes, please describe.

Briefly describe the applicants interest in the wildlife biology or natural resource field.

All applications must be submitted to the DRM by 4:30pm on September 19, 2022. Please scan and email applications to tanya.roerick@llojibwe.net or mail applications to Leech Lake Band of Ojibwe – Division of Resource Management, Ma’iingan in the Moonlight, Attn: Tanya Roerick, 190 Sailstar Dr. NW, Cass Lake, MN 56633. You may also drop off applications or apply in person at the DRM office at 15756 State Hwy 371 NW, Cass Lake, MN 56633

For additional information or questions please contact: Tanya Roerick at the DRM Office at 218-335-7400.

Ma’iingan in the Moonlight Program was funded through Leech Lake Division of Resource Management – Wildlife Program and support from BIA Youth Initiative Grant.



LEECH LAKE BAND OF OJIBWE
PARENT CONSENT FOR CHILD'S VOLUNTARY EVENT PARTICIAPATION,
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

All persons making the event or excursion shall be deemed to have waived all claims against the Leech Lake Band of Ojibwe for injury, accident, illness, or death occurring during or by reason of the event or excursion.

Host: Leech Lake Division of Resource Management Staff: Tanya Roerick, Alyssa Myhrer, Jacob Grandia Dates: October 8-9, 2022

Event Destination: Ely, MN – International Wolf Center and North American Bear Center

Event Itinerary: Ma'iingan in the Moonlight – see attached itinerary

Applicant's Name: _____ Age: _____
Last First Middle

Address: _____ Phone: _____
Number/Street City Zip

Father/Guardian Name _____ Phone: _____

Employer: _____ Phone: _____
Name City

Mother/Guardian Name: _____ Phone: _____

Employer: _____ Phone: _____
Name City

EMERGENCY Contacts: 1. _____ Phone: _____

(If unable to reach parent) 2. _____ Phone: _____
Names/Relationship

Doctor's Name: _____ Phone: _____

Name of Medical Insurance Carrier: _____ Phone: _____

Policy Number _____ Effective Date: _____

FIELD TRIP RELEASE WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

By signing below, I give consent to have my child _____ voluntarily attend this event.
(Please fill in child's name)

I understand that this event is not a required activity of my child.

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE LEECH LAKE BAND OF OJIBWE, its officers, employees, board members, and agents (herein referred to as "releasees") from all liability to my son/daughter/ward. The undersigned, their personal representative, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on the account of injury to the person or property of, or resulting in death of my son/daughter/ward, while my son/daughter/ward participates in an event or excursion that is sponsored, planned or directed by the **Leech Lake Band of Ojibwe**.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost I/we may incur due to the participation of my son/daughter/ward in an event or excursion that is sponsored, planned or directed by the **Leech Lake Band of Ojibwe**.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE while my son/daughter is participating in a field trip or excursion, sponsored, planned and directed by the Leech Lake Band of Ojibwe; and
4. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I, THE UNDERSIGNED HAVE READ, UNDERSTAND AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Signature of Parent or Guardian

Date

(Please continue to other side)

LEECH LAKE BAND OF OJIBWE
PARENT CONSENT FOR CHILD'S VOLUNTARY EVENT PARTICIAPATION,
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

APPLICANT HEALTH HISTORY FOR EVENT PARTICIPATION:

Applicant Name: _____ Birthdate: _____
Last First Middle

1. To the best of your knowledge has your child been exposed to a communicable disease within the past 21 days?
 Yes No

2. Does your child have any of the following health problems? Please Indicate **yes** or **no** & dates if applicable.

a. Operations or serious injuries in the past two years	Yes	No	
b. Chronic or recurring illness	Yes	No	
c. Recent broken bones	Yes	No	
d. Asthma	Yes	No	
e. Heart disease	Yes	No	
f. Hay fever	Yes	No	
g. Fainting spells	Yes	No	
h. Hernia (rupture)	Yes	No	
i. Seizures (Epilepsy)	Yes	No	
j. Diabetes	Yes	No	
Other physical conditions or diseases			

3. Date of most recent Tetanus shot _____

4. Does your child have any drug or other allergies? (Insect bites or stings, penicillin, plants or pollens, foods, etc.)

5. Medications child takes (Type of Medication, reason, dosage and frequency, name of prescribing physician):

6. If you have any concerns regarding your child's physical ability to participate in this activity, it is advisable for your child to have a physical examination.

7. If your child takes any medication that must be administered during the field trip, you must make staff aware of this need.

FIELD TRIP RELEASE OF LIABILITY AND CONSENT TO EMERGENCY MEDICAL TREATMENT

The above health history is correct so far as I know, and I consent and grant my permission for my son/daughter/ward to engage in all described activities. Except as noted by me, my child is physically fit to participate.

I (we) the undersigned parent, parents, or legal guardian of _____, a minor do hereby consent that he/she be permitted to attend the Ma'iingan in the Moonlight Program on October 8-9th, 2022 and should the need arise, do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis and treatment rendered under the general or special supervision of any member of the medical staff or emergency room staff under the provisions of the Medical Practice Act or dentist licensed under the provisions of the Dental Practice Act or the staff of any acute general hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required and is given to provide authority and power to render any care, which the medical provider in the exercise of his/her best judgement may deem advisable. It is understood that an effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. I will not hold liable the **Leech Lake Band of Ojibwe**, its officers, or employees for medical aid rendered and will reimburse the **Leech Lake and of Ojibwe** for all medical or other expense incurred in the care of my son/daughter/ward. This authorization is given pursuant only for the event and date listed above.

In order that my son/daughter/ward may receive the necessary medical treatment in the event of any injury or illness, I hereby hold the Leech Lake Band of Ojibwe and its representatives harmless in the exercise of this authority.

 Signature of Parent or Guardian

VIDEO RELEASE FORM

I, _____, hereby grant permission to LEECH LAKE BAND OF OJIBWE, the rights of my image, in video or still, and of the likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for ANY USE which may include but is not limited to:

- Presentations;
- Courses;
- Online/Internet Videos;
- Media;
- News (Press);

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this release, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Full Name _____

Street Address/P.O. Box _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Email Address _____

Signature _____ Date _____

If this release is obtained from a presenter under the age of 19, then the signature of that presenter's parent or legal guardian is also required.

Parent's Signature _____ Date _____

