

Department of Culture and Humanities / Heritage Preservation Division Chickasaw Archaeological Survey Program

103 West Washington Street, Unit B7 / Ridgeland, MS 39157 / (580) 436-2603 ext. 62221 Email address: jeremy.blake@Chickasaw.net

Chickasaw Archaeological Survey Program Application Chickasaw Citizens

Incomplete applications will not be processed

To complete the Chickasaw Archaeological Survey Program (CASPR) application, participant must attach copies of the following:

- Signed Participant Consent and Participant Code of Conduct forms
- Copy of COVID-19 vaccination card

Participant information:

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Name:					
First		Middle		Last	Suffix
Mailing address:		City	County	State	ZIP
		Oity	County	Otale	211
Physical address: □ Same as Mailing Street		City	County	State	ZIP
Home phone no.: ()	Cell	phone no.: (_)		
Email address:					
Birth date:	Age:	Gender:	□ Male □ F	emale	
T-shirt size:	Tribal affiliation:				
Emergency contact inform	nation:				
Name:			Phone n	o.: ()	
				(<u> </u>	
Participant signature			Date		
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			: 4		
	Please retui	rn this informat CASPR	ion to:		
		Jeremy Blake			
		shington Street and, MS 39157			
	C C				
The CASPR and participant agree to s concur that the information contained upon written consent of the participant	in said application will be conside	ered "Confidential I			
		Page 1 of 3		Form no. 05005CASPR	CH-HP Rev. 8/202



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Participant Consent

In consideration of being permitted to participate in the Chickasaw Archaeological Survey Program (CASPR), I, on behalf of myself, my heirs, executors, administrators, and assigns, hereby state that:

- I believe that I am physically and mentally capable of participating in the CASPR, including carrying light and heavy items and participating in hot or cold weather. I knowingly and freely assume any risks, both known and unknown, of illness, injury, death, damage, and /or loss to self, to others, and/or to property that might be associated with or result from my participation in the CASPR, even if arising from the negligence of the Chickasaw Nation or others.
- 2. I release and forever discharge the Chickasaw Nation, its employees, officers, directors, shareholders, affiliates, agents, representatives, successors, and assigns of and from all liability, claims, demands, damages, costs, expenses, actions, and causes of action in respect to death, injury, loss or damage to myself or property however caused, arising during my participation in the CASPR, whether before, during, or after my attendance and notwithstanding that any claim may have been contributed to or occasioned by the negligence of the Chickasaw Nation, its employees, officers, directors, shareholders, affiliates, agents, representatives, successors, and assigns.
- 3. I agree to indemnify and hold harmless the Chickasaw Nation, its employees, officers, directors, shareholders, affiliates, agents, representatives, successors, and assigns from and against any liability incurred by the Chickasaw Nation or damage to any property thereof arising as a result of or in any way connected to my participation in the CASPR.
- 4. I grant permission to the Chickasaw Nation, its agents, or employees to photograph, record, film, and videotape me for future promotion of the heritage preservation division programs and/or any Chickasaw Nation publications. I will have no right of 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, alteration, distortions, or illusionary effect or use in any composite form.
- 5. I understand that the Chickasaw Nation is a sovereign entity and that the Chickasaw Nation does not waive any sovereign rights and immunities of offering and hosting this event.
- 6. In case of an accident or need of emergency medical attention, I give permission to the CASPR staff to take me to a doctor and/or emergency facility of the Chickasaw Nation's choice. I understand that all expenses for treatment provided to me will be my responsibility.

Please list all medication(s) that you are currently taking (dosage and schedule) and list any allergies:

This release, waiver of liability, and indemnification are intended to be as broad and inclusive as permitted by the applicable laws of the Chickasaw Nation.

Participant printed name

Participant signature

Date

Please return this information to: CASPR Attn.: Jeremy Blake 103 West Washington Street, Unit B7 Ridgeland, MS 39157

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Participant Code of Conduct

One of the primary goals of the Chickasaw Archaeological Survey Program (CASPR) is to provide a safe environment conducive to learning. Participants are expected to adhere to the Participant Code of Conduct while attending the meetings. Participants' behavior is expected to be cooperative with all the instructors as well as the CASPR staff since all participants are under the supervision of the adults helping with this event.

The use of tobacco, alcohol, or drugs in any form will not be allowed. Use of foul or abusive language, excessive horseplay, theft, misuse or abuse of public or private property, or disrespect of other participants or the CASPR staff will not be tolerated. Violators are subject to being sent home. If violations of the Participant Code of Conduct are deemed by the CASPR staff to be less serious, the punishment will result in a reprimand and further violations may result in participants being sent home.

Realizing these guidelines are not "all-inclusive," the Chickasaw Nation reserves the right to make adjustments to the Participant Code of Conduct.

The reason for this agreement is to ensure conduct and behavior that will result in every participant receiving the full benefit of enjoyment and educational experiences from this event. It is not intended to place undue restrictions upon any individual.

Participant printed name

Participant signature

Date

Please return this information to: CASPR Attn.: Jeremy Blake 103 West Washington Street, Unit B7 Ridgeland, MS 39157