



Application for Anishinaabe

Culture Skills Camp

October 21-24 2021

The Anishinaabe Culture Skills Camp hosted by the Leech Lake Division of Resource Management is a gathering of mentors and youth who are interested in exploring the traditions and culture that are tied to the Ojibwe who call Leech Lake their home. This camp will introduce youth to methods of hunting White-tailed deer, Ruffed Grouse, Ducks, setting and cleaning nets, as well as, learning from Elders the importance of these activities as they relate to who we are as Anishinaabe. Food, guns, and camping supplies are all provided, but we encourage accepted applicants to bring their own if possible. Transportation from the Cities will be arranged as applicants are accepted.

This program is accepting 20 youth applicants. Preference will be given to Leech Lake Band Members living in the metro area. Applicants **must complete a gun safety course** before the start of camp and attach a copy of their gun safety card to the application or indicate training dates if currently signed up. Information regarding firearm safety training can be found at <https://www.dnr.state.mn.us/safety/firearms/index.html>. 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 30, 2021.**

Applicant Information:

Name: _____

Date of Birth: Month _____ Day _____ Year _____

Gender: Male _____ Female _____

Address: Street/Physical _____

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

City _____ State _____ Zip Code _____

Gun Safety Class is REQUIRED to take this program. Please provide a copy of your Gun Safety Class card with your application.

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.

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

Briefly describe the applicants experience with camping, hunting and fishing on Leech Lake Indian Reservation.

All applications must be submitted to the DRM by 4:30pm on September 30. Please scan and email applications to Lakota.ironboy@llojibwe.net or mail applications to Leech Lake Band of Ojibwe – Division of Resource Management, Anishinaabe Culture Skills Camp Attn: Lakota Ironboy, 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

Both male and female mentors are needed and will be paid a small stipend for their assistance. Please contact LLDRM if interested.

For additional information or questions please contact: Lakota Ironboy, Tanya Roerick, Jamie Mitchell, or Ben Benoit at 218-335-7400.

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 Anishinaabe Culture Skills Camp on October 17-20th, 2019 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 _____