



OUTDOOR MEDICINE

## Registration and Release Form

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If you have questions regarding this form, please call Nambe Pueblo Healthy Family Services at (505) 455-5591. This registration form must be signed by each adult (18 years of age or older) participant in a Tewa Roots Society event, or by the parent or legal guardian (each, referred to as Parent) of a Minor participant. "Participant" as used in this Agreement refers to persons actually participating in an event, observers, chaperones and others on the premises of Nambe Pueblo or other activity site. Minor Participants must sign inside the box on the last page to acknowledge their understanding of the activities and risks, and rules and responsibilities.

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County in New Mexico: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender Identity: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Home phone # \_\_\_\_\_ Cell/Work Phone # \_\_\_\_\_

Person to Be Notified in Case of Emergency: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Ethnicity**

- Cuban     Hispanic (Specific Origin not specified)     Mexican  
 Not of Hispanic Origin     Other Specific Hispanic     Puerto Rican  
 Unknown

### **Race**

- African American     Alaskan Native     Native American/Alaskan Indian  
 Native Hawaiian/Other Pacific Islander     Asian     Two or More Races     White  
 Unknown    **Tribal Affiliation:** \_\_\_\_\_

**Participant's Name:** \_\_\_\_\_

For and in consideration of the services of Tewa Roots Society I, an adult participant, or the Parent of a minor Participant (for myself and, to the maximum extent allowed by law, for the minor participant), acknowledge and agree as follows:

### **THE PROGRAM AND ITS ACTIVITIES**

Tewa Roots Society is a program under Nambe Pueblo's Healthy Family Services, (a Federally Recognized Tribal Entity department), and is an experiential learning program. Recently developed, it uses an action-oriented, experienced-based approach to personal learning, growth and reflection. Participants may be asked to become engaged in a series of mentally and physically challenging activities including cooperative games, trust building activities, problem-solving initiatives, adventure challenge courses, developing wilderness skills including overnight camping, cooking, whitewater rafting, rock climbing, backpacking, hiking, snowshoeing, recreational kayaking, sustainable building, and transportation by vehicle to certain activity sites. Some groups will include a licensed therapist for individual or group needs. During and following the activities, discussions or debriefings focus on identifying and understanding communication patterns, relationships, problem-solving techniques, and areas of competence. Tewa Roots Society's strengths based approach affords opportunities for enrichment and increased resiliency for those who participate in its innovative and progressive community based, educational and therapeutic work. More information about Tewa Roots Society may be found on our Facebook page at @TewaRootsSociety or by calling us at (505) 455-5591.

### **RISKS**

Tewa Roots Society's activities have physical and emotional risks. The well-being of Participants is always a priority of Tewa Roots Society's facilitators, and participants are given a choice regarding their level of participation. The nature of the risks varies significantly based on the individual participant and the activity. These risks may be physical, including running, jumping, stretching, lifting, and other physical exertion which may result in pulled or strained muscles, tripping, broken bones, or other serious injuries including, in extraordinary circumstances, even death. Other risks may be emotional, including fear of heights, close personal contact with and dependency on others, self-disclosure, trust, giving/receiving support, and expressing feelings of anger, fear, and/or affection. Participants may act carelessly, and cause harm to themselves and others. Tewa Roots Society's employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They may give incomplete warnings or instructions, and the equipment being used might malfunction. These risks (Physical and emotional), are inherent in the activities, but without them the activity would lose its value and appeal and vigorous participation would be discouraged. Participant, or parent, consents to the Tewa Roots Society staff transporting participant to and from program sites, and acknowledges that such activity involves the risks of vehicle travel. Other risks, inherent and otherwise, will be encountered.

I understand that Participants must be free of known conditions – medical, physical and mental - that may cause them to be a danger to themselves or others. If in doubt, Participant must seek medical advice before participation in the Tewa Roots Society program to determine his or her suitability for the activities. Participant or parent agrees to assume the risk of any medical or physical condition the participant may have. Participant or parent also agrees to inform the facilitators of any such conditions and of any situation or conditions related to the activity itself that may be a danger to participant or others. These situations may include: **a)** broken equipment, **b)** illness of tiredness that may affect a participant's performance or judgment, and **c)** having difficulty performing a skill. Participant or parent also agree to abide by rules and responsibilities described by the staff and understand that failure to comply with these may result in the participant being removed from the activity or activity site.

**ASSUMPTION OF RISKS**

I agree to assume and accept any and all risks of Tewa Roots Society’s activities and moving about the Pueblo and other activity sites, inherent and not, and whether or not described above. If the participant is a minor, I, the parent, have described the activities and risks, rules and responsibilities to the child who understands them and wishes to participate nevertheless.

**RELEASE AND INDEMNITY**

I, an adult participant, or parent of a minor participant (Parent agreeing for himself or herself and, to the extent allowed by law, for the minor Participant) hereby agree to release and not to sue, and to indemnify (including to defend against and pay claims and costs including attorney’s fees and insurance deductibles) Tewa Roots Society, its director, governing body, staff and contractors (“Released Parties”) from all claims of injury or loss to me or to the minor child, in any way arising out of my, or the minor child’s, participation in an activity of Tewa Roots Society, or being on the premises of the Pueblo or another activity site, whether caused by negligence, breach of contract or otherwise, and including bodily injury, death, property damage or other loss.

**OTHER:**

**Surveys:** Participant or parent consents to participation in Tewa Roots Society’s confidential program surveys to aid Tewa Roots Society in better understanding the effectiveness of its programs.

**Media consent:** I give Tewa Roots Society the right and permission to use, reuse, and/or publish photographic and/or video graphic materials taken of me or my child while participating in the Tewa Roots Society program(s).

**Insurance:** I represent that I have, or the minor child has, adequate insurance to cover any injury or damage that I or the child may cause or suffer while participating in a Tewa Roots Society activity or moving about the premises of the Pueblo or other activity site. In any event, I agree to bear the costs of such injury or damage as set forth in this Agreement.

**Laws and Venue:** I agree that any dispute between a Released Party and a participant or parent will be governed by the substantive laws (not including laws which might apply the laws of another jurisdiction) of the Pueblo of Nambe. Any mediation or suit shall take place only in that Pueblo.

This agreement, which consists of this and the preceding one page, will apply to my, or the child’s, participation in activities of Tewa Roots Society now and in the future until or unless a new agreement is signed pertaining to later visits. I agree that if any portion of this agreement is found by a court of competent jurisdiction to be void or unenforceable, the remaining document shall remain in full force and effect. I, an adult Participant or Parent, have carefully read this agreement and understand its contents, and I sign it of my own free will. I am aware that this agreement includes a release of liability, and is a binding contract between the Pueblo of Nambe and myself, and it likewise shall be binding, if applicable, on my minor child who is a participant, and on my, and the minor child’s, heirs, executors and administrators.

[Empty rectangular box for signature]

**Participant Signature (Guardian if under 18)**

**Date**

**CONFIDENTIAL MEDICAL HISTORY & AUTHORIZATION FOR MEDICAL CARE**

Participant's Name: \_\_\_\_\_ Medical Health Insurance Carrier: \_\_\_\_\_

Physician's Name and phone number: \_\_\_\_\_ Policy #: \_\_\_\_\_

Because of the physical nature of some of the experiential activities, it is important for the facilitators to be informed of all medical conditions of the potential program participant. If you have had any of the following conditions or are currently experiencing them, please check yes or no next to the number and circle specific condition and/or give details next to the question. Use additional sheets, if necessary. If you have any questions about these statements, consult your physician.

**YES NO**

1.   Known heart problems?

2.   Physical limitations, seizures, hospitalizations, or recent injuries?

\_\_\_\_\_

3.   Asthma? Is it mild/moderate/severe? Do you carry an inhaler?

\_\_\_\_\_

4.   ALLERGIES to medicines, foods, materials, or insect bites (please describe)?

\_\_\_\_\_  
Do you carry epinephrine?

5.   CURRENTLY TAKING ANY MEDICATION? If so, what and what are the side

\_\_\_\_\_

6.   Pregnant? Recent Miscarriage? How recent or how many months pregnant?

\_\_\_\_\_

7.   Are you diabetic?

8.   Mental health issues, depression, suicidal ideation, nervousness, ADD, etc.?

\_\_\_\_\_

9.   Any special dietary restrictions? (i.e. vegetarian/vegan/gluten free/lactose intolerant?)

10.   Is there anything we should know with your health that was mentioned above?

\_\_\_\_\_

**Comments:**

To the best of my knowledge, I or my child is physically and mentally able to participate in the Tewa Roots Society program. I have (or have assisted my child) in completing the Medical History section with health information that is accurate, complete, and true to the best of my knowledge. Should I become incapacitated (or my child becomes ill or injured), I give permission for the TRS staff to render first aid and to seek emergency medical and rescue services for myself or my child.

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**Participant Signature (Guardian if under 18)**

**Date**

### **PARTICIPANT RIGHTS AND RESPONSIBILITIES**

- 1. I have the right to receive competent and appropriate program services.**
- 2. I have the right to information on the nature of care, procedures, and treatment that will be provided.**
- 3. I have the right to receive answers to questions or concerns related to services provided.**
- 4. I have the right to participate in the development of individual treatment plans and any subsequent recommendations.**
- 5. I have the right to the knowledge of the credentials and experience of the staff responsible for my care.**
- 6. I have the right to receive respectful treatment by staff.**
- 7. I have the right to receive services that respect my dignity, and protect my health and safety.**
- 8. I have the right to receive services regardless of gender, religion, race, creed, nationality, or sexual preference.**
- 9. I have the right to be reasonably informed of the benefits and risks of all program activities.**
- 10. I have the right to decline to engage in activities that cause me to feel at risk or unsafe, either physically or emotionally.**
- 11. I have the right to be free from any physical or verbal abuse.**
- 12. I have the right to remain free of physical restraints or time-out procedures unless such measures are required for providing effective treatment, or protecting the safety of self or others.**
- 13. I have the right to confidentiality, which means that any personal information shared with Tewa Roots Society staff may not be disclosed to anyone who is not directly associated with Tewa Roots Society, without signed consent by the participant, or the participant's parent/guardian (if under 18 years of age). Exceptions to confidentiality are: a) Court referrals b). Threats of harm to self or others c) Disclosure of alleged abuse or neglect d) Signed Information Release to a specific individual or agency.**
- 14. I have the right to request copies of records and reports about me (unless otherwise provided by law).**

**15. I have the right to initiate a complaint or grievance procedure and to receive appropriate information concerning this procedure upon request. This includes the right contact funders with grievances such as the New Mexico Crime Victim Reparation Committee.**

**Participant Responsibilities Statement**

- 1. I will attend all program activities. If there is some reason I cannot attend a program, I will notify staff in advance.**
- 2. I agree to participate in all activities to whatever degree I am able.**
- 3. I agree to abide by any special rules (situational) developed to ensure the health, safety, or and welfare of participants and staff.**
- 4. I will read the above policies concerning my rights.**
- 5. I will not carry knives, blades, firearms, or any weapon while participating in program activities.**
- 6. I will refrain from the use of illegal drugs and from the use of alcohol while involved with Tewa Roots Society.**
- 7. I will refrain from sexual remarks or contact with other participants.**
- 8. I will stay within verbal contact distance unless staff has been succinctly notified of my intent to exceed this distance.**
- 9. I agree to replace or pay for any property damage or loss due my negligence or acting out behavior. (Normal wear and tear is exempted from this agreement.)**

**I have read and understand that I (or my child) has these specific rights and responsibilities outlined in the Participant Rights and Responsibilities section. I also understand that I as a participant (or as a Parent/Guardian on behalf of a minor participant) have the right to file a grievance if I desire to do so. If I desire to file a grievance, a form for filing the grievance will be sent to me within five working days of its request, along with an outline of the procedures for filing the grievance. The grievance will be reviewed as soon as it is received by the Tewa Roots Society, and a written response will ensue within five working days.**

**Participant Signature (Guardian if under 18)**

**Date**