

American Indian Summer Institute

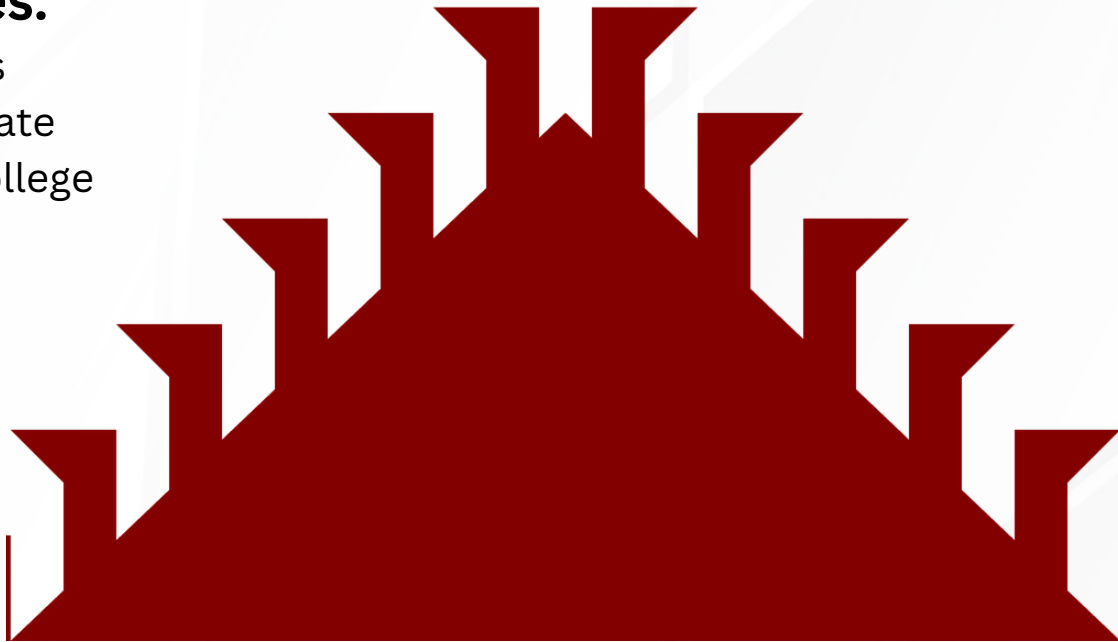
July 14-18, 2024

Experience College

S.T.E.A.M. Curriculum

Campuses:

- UC Davis
- Chico State
- Butte College



Application Deadline: May 24, 2024

Learn About College Options:

- University (UC)
- State (CSU)
- Community

Stay in the DORMS!

Cultural Activities

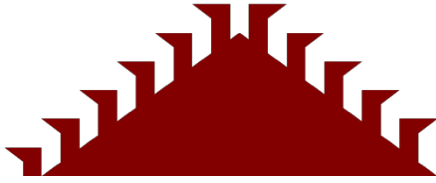
For more information contact:

E: tribalrelations@csuchico.edu

P: 530-898-6241

F: 530-898-4368





A.I.S.I.

American Indian Summer Institute

2024 – Waiver Packet

DEADLINE TO SUBMIT PACKET: Friday, May 24, 2024.

Checklist

- ___ Initial and sign the 2024 AISI Student Contract
- ___ Sign the 2024 AISI Participant Rules
- ___ Sign Release of Liability & Photo Release Form
- ___ Adobe Sign Agreement & Liability Release for Wildcat Rec Center
- ___ Sign the Consent to Treat a Youth Form
- ___ Fill out Emergency Contact Form
- ___ Photocopy of your Medical Insurance Card (front & back)
- ___ Complete the essay
- ___ Current high school transcripts
- ___ Photocopy of Tribal ID, BIA certification

*Read thoroughly and sign all documents. If under 18 years old, parent or guardian must sign documents as well.

*All documents must be received by **Friday, May 24, 2024** Please email all documents. Please call Tribal Relations to verify that all documents were received.*

Send correspondence to Tribal Relations at tribalrelations@csuchico.edu

For questions please contact:

Tribal Relations: tribalrelations@csuchico.edu

Phone: (530) 898-6241



Chico State
Tribal Relations



A.I.S.I.
American Indian Summer Institute
2024 – A.I.S.I. Participant Rules

- ✓ Attend and be on time for all American Indian Summer Institute functions and activities.
- ✓ Agree to cooperate with all adult supervision, resident advisor staff and other student attendees.
- ✓ Understand that no drugs, alcohol, tobacco, or vaping are permitted at any time.
- ✓ Students are not allowed to consume any alcoholic beverages or to participate in recreational use of substances.
- ✓ Cell phones and any electronic devices are not to be used during the scheduled program hours.
- ✓ Student behavior must be conducted in a respectful and honorable manner.

Student Name (Please print): _____

Student Signature: _____ Date: _____

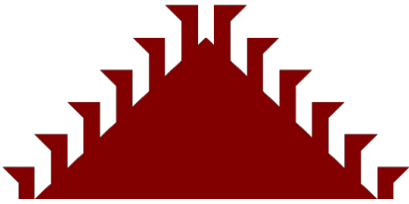
Please submit these items by **Friday, May 24, 2024** to tribalrelations@csuchico.edu

For questions please contact:

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A.I.S.I.

American Indian Summer Institute

2024 – Student Contract

2024 AISI Student Contract

Please read the contract and initial on the lines provided to indicate that you agree to the following terms and conditions as a student in the AISI.

____ 1. I will attend all program activities offered by the AISI. Attendance is mandatory. Excused absences must be approved in advance with the Tribal Relations Specialist or Resident Advisors. Tardiness is not acceptable.

____ 2. As a student in the program, I will respect those around me and behave in a mature and appropriate manner.

____ 3. I will respect university property and will be responsible for my actions. I will be financially responsible for any damages I cause both on-campus (e.g. damaged computers, printers, desks, classrooms) and during off campus events.

____ 4. I understand that CSU Chico and partners are not responsible for any lost, damaged, or stolen electronics, including but not limited to cell phones, tablets, laptops, and accessories.

By signing below, I agree to participate in the 2024 AISI program and to adhere to all the requirements outlined in this contract.

Student Name (Please Print): _____

Student Signature: _____ Date: _____

*Parent/Guardian Signature: _____ Date: _____

*For students under the age of 18 years old, a parent/guardian must also sign and agree to the terms and conditions of this contract.

For questions please contact:

Tribal Relations: tribalrelations@csuchico.edu

Phone: (530) 898-6241



CSU, Chico Emergency Contact Information

Last Name _____ First Name _____
 Are you 18 or over? Yes _____ No _____ Birth Month and Day ONLY _____
 Student ID _____ Cell _____ E-Mail Address _____
 Faculty/Coordinator _____ Date of Event _____
 Course # (if applicable) _____

Emergency Contact Information (Print Clearly)

Emergency Contact #1

	Emergency Contact 1	Emergency Contact 2
Last, First Name		
Relationship		
Street Address		
City, State, Zip, Country		
E-Mail Address		
Phone: Home Language Spoken		
Phone: Work Language Spoken		
Phone: Cell Language Spoken		

Other Information

Do you have any allergic reactions to:

Bee/Insect Stings Yes No	Medications Yes No	Food/Drink Yes No	Other Yes No
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If you answered yes to any of the above, please explain and note reaction:

Do you have any dietary restrictions (vegetarian, etc.)? If yes, please explain

PLEASE NOTE

Information on this form will be referred to ONLY in case of a critical injury or emergency situation. In the instance that you are unable to provide medical information to an attending physician or hospital, we would be able to provide it for you with your consent by signing below.

Signature

Date



California State University, Chico

Youth Health/Parent Contact/Consent to Treat a Youth Form

Youth's Name: _____ Age: _____ Grade _____

Medical History/Doctor/Insurance Information

Any drug, food, or environmental allergies? _____

Any previous illness/injury that should be taken into consideration? _____

Any activity limitations? _____

Date of last tetanus shot? _____

Any special accommodation needs? _____

Participant's personal doctor: _____ Phone: _____

Medical insurance carrier: _____ ID#/Group/Acct# _____

Parent/Guardian Contact Information

Parent/Guardian Name: _____

Daytime Phone: _____ Cell Phone: _____ Evening Phone: _____

Parent/Guardian Name: _____

Daytime Phone: _____ Cell Phone: _____ Evening Phone: _____

As parent(s)/guardian(s) of the afore mentioned child, a youth under the age of 18, do hereby give permission for the CSU, Chico to render or seek emergency care for my/our child at a medical facility if I/we cannot be reached in the event of illness or injury. It is understood that authorization is given in advance of any specific diagnosis or treatment being required, and I/we agree that I/we will pay for medical treatment or other expenses incurred for the care of the youth. It is my understanding that I/we will be contacted in the event of illness or injury if at all possible, but that any treatment will not be withheld if I/we cannot be reached. This authorization shall remain effective until the end of the program/activity, unless sooner revoked.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____



Office of Risk Management

**WAIVER OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

Activity: **Participation in the Chico State Enterprises American Indian Summer Institute which includes, but is not limited to, rafting on the Sacramento River, snorkeling at the Big Chico Creek Ecological Reserve and classroom activities and residence hall accommodations at CSU Chico.**

Activity Date(s) and Time(s): **July 14-18, 2024**

Activity Location(s): **CSU, Chico, Butte College, UC Davis, Sacramento River, Big Chico Creek Ecological Reserve**

In consideration for being allowed to participate in the above-referenced Activity, on behalf of myself and my next of kin, heirs, representatives, and assigns, I hereby **release, waive, and discharge from all liability and promise not to sue** the State of California, the Trustees of The California State University, California State University, Chico, Chico State Enterprises; University Foundation; and their employees, officers, directors, volunteers and agents (collectively the “University”) from any and all liabilities or claims, **including claims of the University’s negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, property loss, or economic or emotional loss I may suffer because of my participation in the Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other’s actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in the Activity, including any associated use of University facilities or premises and any travel to, from and/or during the Activity.**

I give California State University, Chico; Chico State Enterprises; University Foundation; and its officers, employees, representatives, volunteers and agents (hereinafter “University”) the absolute right and permission to use my likeness in photographs, videos, or other digital media (hereinafter “photos”) in its promotional materials and publicity efforts. I understand that the photos may be used for any lawful purpose including publications, print ads, direct-mail pieces, web-based publications, or web content. I also understand that all photos will become the property of the University and will not be returned. I hereby hold harmless, release and forever discharge the University from all claims, demands and causes of action which I, my heirs, representatives, executors, or any other persons acting on my behalf, may have.

I agree to **indemnify and hold** the University **harmless** from any and all claims, actions, suits, costs, expenses, and liabilities for any injuries to myself and for any damage to my property or possessions that arise out of or arise from my participation in the Activity, including any injury or damage that occurs during the use of University facilities or premises and any travel to, from and/or during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of**

participating in the Activity, including travel to, from and during the Activity.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document in its entirety, fully understand its terms, and acknowledge that I am signing it freely and voluntarily. **No other representations concerning the legal effect of this document have been made to me.**

Participant Signature: _____

Participant Name (print): _____ Date: _____

If the Participant is under 18 years old:

I, the parent/legal guardian of the Participant identified above hereby agree to all of the above on behalf of the Participant

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____



A.I.S.I.
**American Indian Summer
Institute 2024 – Essay Prompt**

1. Email: _____
2. First Name: _____
3. Last Name: _____
4. Phone Number: _____
5. Please respond to the following prompt – How can art creatively contribute to the preservation, expression and evolution of Native communities and cultures?

Please submit applications by **Friday, May 24, 2024**

For questions please contact: Tribal Relations:

tribalrelations@csuchico.edu

Phone: (530) 898-6241



Chico State
Tribal Relations