

# American Indian Summer Institute

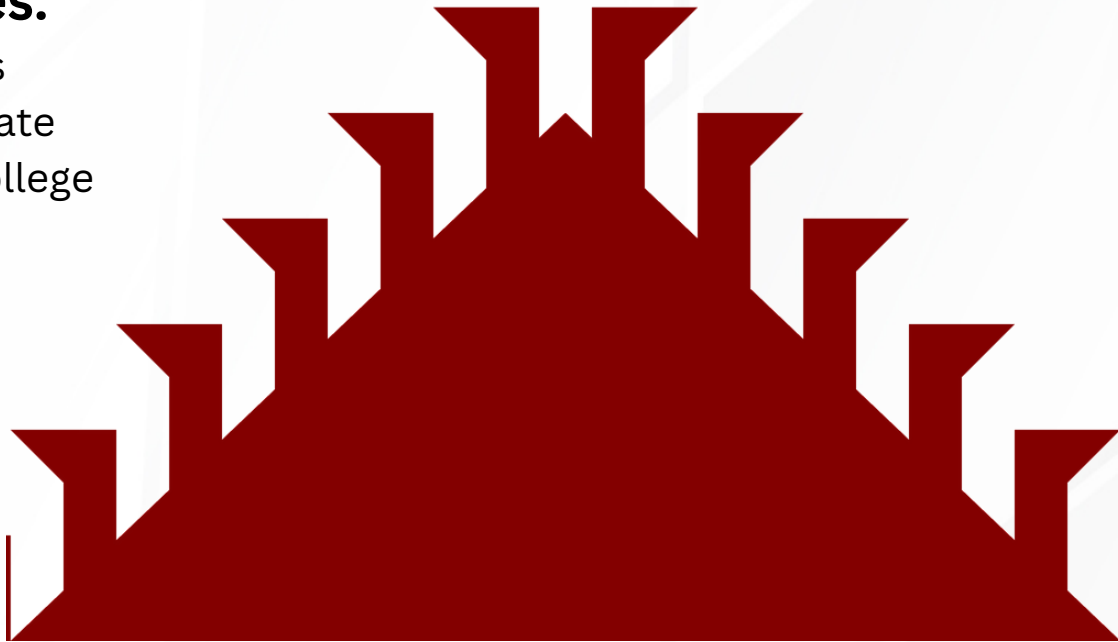
July 9-13, 2023

Experience College

S.T.E.A.M. Curriculum

Campuses:

- UC Davis
- Chico State
- Butte College



***Application Deadline: May 19, 2023***

Learn About College Options:

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

**Stay in the DORMS!**

**Cultural Activities**

**For more information contact:**

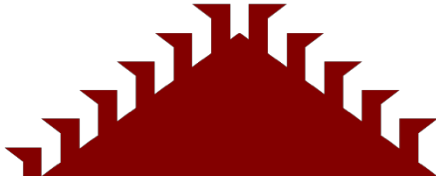
E: [tribalrelations@csuchico.edu](mailto:tribalrelations@csuchico.edu)

P: 530-898-6241

F: 530-898-4368



**UC DAVIS**  
Native American Academic  
Student Success Center



A.I.S.I.

American Indian Summer Institute

2023 – Waiver Packet

**DEADLINE TO SUBMIT PACKET: Friday, May 19, 2023**

**Checklist**

- \_\_\_ Initial and sign the 2023 AISI Student Contract
- \_\_\_ Sign the 2023 AISI Participant Rules
- \_\_\_ Sign Release of Liability & Photo Release Form
- \_\_\_ Sign Use 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 19, 2023**. Please email all documents. Please call Tribal Relations to verify that all documents were received.*

Send correspondence to Tribal Relations at [tribalrelations@csuchico.edu](mailto:tribalrelations@csuchico.edu)

**For questions please contact:**

Tribal Relations: [tribalrelations@csuchico.edu](mailto:tribalrelations@csuchico.edu)

Phone: (530) 898-6241



**Chico State**  
Tribal Relations



## A.I.S.I.

### American Indian Summer Institute

### 2023 – 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 19, 2023** to [tribalrelations@csuchico.edu](mailto:tribalrelations@csuchico.edu)

**For questions please contact:**

**Tribal Relations:** [tribalrelations@csuchico.edu](mailto:tribalrelations@csuchico.edu)

**Phone:** (530) 898-6241



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Tribal Relations



**A.I.S.I.**

**American Indian Summer Institute**

**2023 – Student Contract**

**2023 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 2023 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](mailto:tribalrelations@csuchico.edu)

**Phone:** (530) 898-6241





Office of Risk Management

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

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Activity: **American Indian Summer Institute**

Activity Date(s) and Time(s): **July 9 – 13, 2023**

Activity Location(s): **Butte College, Sacramento River, UC Davis, Big Chico Creek 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 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 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: \_\_\_\_\_

## **WILDCAT RECREATION CENTER (WREC) USE AGREEMENT AND LIABILITY RELEASE**

In consideration for being allowed to use the facilities and to participate in the activities and programs of the Wildcat Recreation Center (WREC), the undersigned, with the intention of binding himself/herself and his/her heirs, successors, and assigns, hereby represents, covenants, and agrees as follows:

1. I am 18 years of age or older and wish to voluntarily use the facilities and participate in sports, fitness, and recreation activities and programs at WREC, whether sponsored by the Associated Students of California State University, Chico (AS) or by CSUC (collectively, the Activities).

2. I recognize that participation in any of the Activities carries with it certain risks. It is impossible to identify and list all the risks associated with any one or more of the Activities. The range of possible injuries is so diverse that no one possibly can anticipate everything that can go wrong. They may include, but are not limited to, strained, pulled or torn muscles, tendons and ligaments, sprained joints or broken limbs, contusions, scratches, lacerations, concussions, head injuries, cardiac events, and even death.

3. I agree that my use of WREC and participation in any of the Activities is voluntary. Before participating in any one or more of the Activities, I agree to become as knowledgeable and informed as possible about the inherent risks and dangers associated with such Activities. I also shall adequately prepare myself with the proper skills, training, equipment, and clothing to minimize the risk of injury. **I ASSUME ALL RISK OF INJURY, DEATH OR PROPERTY DAMAGE RESULTING FROM MY PARTICIPATION IN ANY OF THE ACTIVITIES.**

4. I am healthy and do not suffer from any medical conditions that restrict or preclude my participation in any of the Activities or I have a medical condition which otherwise might prevent my participation in one or more of the Activities but have consulted with my physician regarding such and he/she has released me to participate in such Activities.

**5. FOR MYSELF AND MY PERSONAL REPRESENTATIVES, ASSIGNEES, HEIRS, AND NEXT OF KIN, OR ANY OF THEM, I AGREE TO RELEASE, FOREVER DISCHARGE AND NOT TO SUE THE STATE OF CALIFORNIA, THE BOARD OF TRUSTEES OF CALIFORNIA STATE UNIVERSITY, CSUC, AS AND THEIR TRUSTEES, DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AND AGENTS AND EACH OF THEM (COLLECTIVELY, RELEASEES) FROM ANY AND ALL CLAIMS AND LIABILITY FOR ANY INJURY, LOSS, LIABILITY OR DAMAGE (COLLECTIVELY, THE CLAIMS) ON ACCOUNT OF INJURY TO MY PERSON OR PROPERTY OR MY DEATH ARISING OUT OF OR IN ANY WAY CONNECTED WITH MY USE OF WREC OR MY PARTICIPATION IN ANY OF THE ACTIVITIES, WHETHER CAUSED BY THE ACTIVE OR PASSIVE NEGLIGENCE OF RELEASEES OR OTHERWISE, BUT EXCLUDING THE SOLE ACTIVE NEGLIGENCE OF RELEASEES. I AGREE TO DEFEND AND INDEMNIFY RELEASEES AND EACH OF THEM FROM ANY LOSS LIABILITY, DAMAGE OR COSTS THEY OR ANY OF THEM MAY INCUR DUE TO ANY INJURY TO ME OR MY PROPERTY OR TO MY DEATH RESULTING FROM MY USE OF THE FACILITIES OR MY PARTICIPATION IN ANY ONE OR MORE OF THE ACTIVITIES AT WREC, EXCLUDING THAT CAUSED BY THE SOLE ACTIVE NEGLIGENCE OF RELEASEES.**

6. I acknowledge and agree that this Agreement, statement and assumption of risks and Liability Release is intended to be as broad and inclusive as permitted by the laws of the State of California and that if any portion of it is held invalid, the balance shall continue in full legal force and effect.

**I HAVE CAREFULLY READ THE FOREGOING REPRESENTATIONS, COVENANTS, AND AGREEMENTS AND KNOW THEIR CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND I SIGN IT VOLUNTARILY.**

Executed at Chico, California on \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Participant Name (Print)

**AGREEMENT AND CONSENT OF PARENT/GUARDIAN**

I, \_\_\_\_\_, of \_\_\_\_\_,  
(Print Name) (Print Address)

am the parent/legal guardian of the above participant and hereby, for and on behalf of him/her, have carefully read the above Agreement and Liability Release and agree and consent to all of the above terms and conditions for the use of WREC by my child and his/her participation in any of the Activities.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (Print)



**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**

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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:** \_\_\_\_\_



California State  
University **Chico**

**Risk Management**  
400 West First Street  
Chico, CA 95929-0130

☎ 530-898-6588  
[risk@csuchico.edu](mailto:risk@csuchico.edu)

Dear Participant:

You are currently participating in a California State University-affiliated program which requires air and/or ground transportation.

Air and ground travel involve risks and could result in damage to property, injury to persons, and death. Please be informed that the California State University assumes no liability for damage, injury, and death which may occur during air and/or ground travel required by the California State University-affiliated programs. Your participation in the program is voluntary, and you participate at your own risk.

Prior to undertaking California State University-affiliated air and/or ground travel, you will be required to sign a "Waiver of Liability, Promise Not to Sue, Assumption of Risk and Agreement to Pay Claims." Please review the statement carefully before signing it.

Sincerely,

Risk Management  
CSU, Chico  
530 898-6588



**A.I.S.I.**

**American Indian Summer Institute**

**2023 – Essay Prompt**

1. Email: \_\_\_\_\_
2. First Name: \_\_\_\_\_
3. Last Name: \_\_\_\_\_
4. Phone Number: \_\_\_\_\_
5. Please respond to the following prompt – What are the qualities that define a leader and why? What qualities do you work on for yourself as a future leader?

Please submit by **Friday, May 19, 2023** to [tribalrelations@csuchico.edu](mailto:tribalrelations@csuchico.edu)

**For questions please contact:**

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