

# **AMERICAN INDIAN SUMMER INSTITUTE JULY 10 – 14, 2022**

## **A.I.S.I. helps you to...**

Learn about different college options. Exposes participants to the three college systems, California State University, University of California, and Community College. Participants get to experience college life and gain knowledge to pursue higher education. A.I.S.I. also provides culturally relevant curriculum around S.T.E.A.M., community and more!

\*Priority given to students that are Juniors and Seniors during the 2022 – 2023 academic school year.

## **For More Information:**

Contact the Office of Tribal Relations at Chico State.

P: 530-898-3162

F: 530-898-4368

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

**Apply for A.I.S.I. NOW!**

**Stay in the DORMS**

**S.T.E.A.M. Activities**

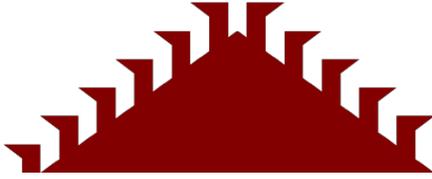
**Experience College**

**Deadline to apply is  
April 15, 2022!**



**Chico State**  
Tribal Relations

400 West First Street  
Chico, CA 95929



A.I.S.I.

American Indian Summer Institute

2022 – Waiver Packet

**DEADLINE TO SUBMIT PACKET: Friday, April 22, 2022**

**Checklist**

- Initial and sign the 2022 AISI Student Contract
- Sign the 2022 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
- Photo Copy 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, April 22, 2022**. 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)

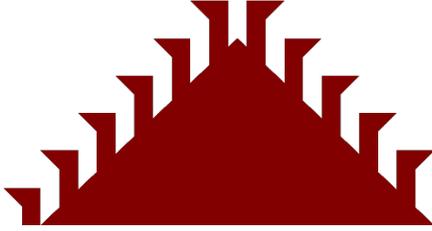
**For questions please contact:**

**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

### 2022 – 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 substance abuse.
- ✓ 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 Signature:

Date:

Please submit these items by **Friday, April 22, 2022** to [tribalrelations@csuchico.edu](mailto:tribalrelations@csuchico.edu)

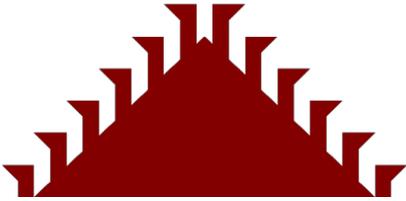
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**Chico State**  
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**A.I.S.I.**

**American Indian Summer Institute**

**2022 – Student Contract**

**2022 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 2022 AISI program and to adhere to all the requirements outlined in this contract.*

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:**

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



**Chico State**  
Tribal Relations

# American Indian Summer Institute

## Release of Liability, Promise Not to Sue, Assumption of Risk, Agreement to Pay Claims & Photo Release

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Activity:

Activity Date(s) and Time(s):

Activity Location(s):

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

I give California State University, Chico, 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 **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and 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 this 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, and I am signing it freely. **No other representations concerning the legal effect of this document have been made to me.**

Participant Signature:

Participant Name (print):

Date:

**\*\*\*If participant is under 18 years of age, see next page\*\*\***

***If Participant is under 18 years of age:***

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. **No other representations concerning the legal effect of this document have been made to me.**

Signature of Minor Participant's Parent/Guardian

Name of Minor Participant's Parent/Guardian (print)      Date

Minor Participant's Name

## **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)

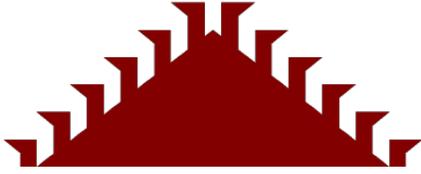
**AGREEMENT AND CONSENT OF PARENT/GUARDIAN**

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)



## American Indian Summer Institute 2022

### Emergency Contact Form for my Student

Please Print Name of Student:

Please Print Name Parent/Guardian:

Parent/Guardian phone numbers (Please include area code):

Home:

Cell:

Work:

Emergency Contact (Please print): Name:

Phone:

Relationship to Minor:

Emergency Contact (Please print): Name:

Phone:

Relationship to Minor:

Please indicate below any health conditions your son/daughter may have that we should be aware of (including allergies and medications that he/she will be taking during the program):

Physician's Name:

Physician's Phone Number:

Health Plan/Insurance Carrier Group or Individual ID #:

Hospital(s) used by Primary Care Giver:

**\*Please submit a copy of the student's insurance card.**



# 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:**