



Arctic Education Foundation Youth Culture Camp Application

For youth participants aged 12-14 years of age

CAMP INFORMATION

Please send completed application forms to arcticed@asrc.com by **May 1, 2024**.

This application is submitted for the following Arctic Education Foundation (AEF) Youth Culture Camp ("Camp"):

**AEF Culture Camp
Utqiagvik, Alaska
July 11-18, 2024**

The AEF Culture Camp is an opportunity for kids to get involved with the Iñupiaq culture and traditions and accommodates up to 28 youth from the North Slope, Anchorage and Fairbanks. The youth learn about Iñupiaq heritage and participate in hands-on activities, including Iñupiaq history and knowledge, Arctic survival, camping in the Arctic and more.

CAMPER INFORMATION

Child's full name _____ Child's Gender _____ Age _____

Grade in upcoming school year _____ North Slope community _____

Is your child an ASRC shareholder or descendant? **Yes** **No**

PARENT OR GUARDIAN AND EMERGENCY CONTACT (must provide two contacts)

Guardian #1 Name _____

Guardian #2 Name _____

Mailing Address _____

Mailing Address _____

Email(s) _____

Email(s) _____

Phone _____ Employer _____

Phone _____ Employer _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

TRAVEL POLICY

AEF will coordinate all round-trip travel to each AEF Youth Culture Camp.

Please complete the Travel Authorization and Caregiver Release form below. If any travel delays arise, camp staff may release a camper to an authorized adult/caregiver (18 years or older), such as an aunt or uncle, who will assume temporary responsibility for the camper until they are able to travel home.

AEF will coordinate travel for campers to arrive one day before and to depart up to one day after the camp.

Please contact Katie Roseberry at 907-852-0518 or kroseberry@asrc.com for any travel related questions.





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TRAVEL AUTHORIZATION AND CAREGIVER RELEASE

I, _____, authorize AEF to release my child to the below listed individual(s) as follows:

Authorized Caregiver Name	_____	Community	_____
Relation to Camper	_____	Phone Number	_____
Release for visit during camp (yes or no):	Yes No	Release at end of camp (yes or no):	Yes No

Authorized Caregiver Name	_____	Community	_____
Relation to Camper	_____	Phone Number	_____
Release for visit during camp (yes or no):	Yes No	Release at end of camp (yes or no):	Yes No

CELLPHONE USE POLICY

Inupiat culture and traditions have been passed from generation to generation through oral history, observations and hands-on learning. To ensure our youth have a meaningful cultural experience, we ask our youth participants to put their phones away throughout the day, with the exception of making phone calls to parents and guardians. **Please note, they will not have cell phone service at the camp site.**

CAMP SWEATERS

Please indicate the size preference for the Camper's hooded sweatshirt. AEF will provide sweaters to all campers at the end of camp.

Adult size: Small Medium Large X-Large 2X-Large

PARENT OR GUARDIAN ACKNOWLEDGEMENT AND CONSENT

I, _____, give my permission for my child to attend the AEF Culture Camp.

I have discussed the policies of this Camp with my child. If for any reason my child needs to leave Culture Camp, I will assume all costs for them to be sent home unless it is an emergency.

Parent or Guardian signature _____ Date _____





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CAMPER HEALTH QUESTIONNAIRE

Camper name	Phone	Date of birth
Address	City	State Zip
Parent or Guardian Name	Work phone	Relationship to Camper
Hospital/Clinic Name	Phone	

Does your child have any physical disabilities, special needs, motor issues or cognitive learning disabilities? (explain)

Does your child wear glasses or contact lenses? Glasses Contacts No

Does your child wear hearing aids? Yes No

Allergies to animals?

Sinus problems?

Allergies to bites or stings?

Other allergies including food, dairy, gluten, medicine or environmental allergies? (explain)

Does your child have asthma? Yes No

Is your child currently taking any medications? (explain, including medicine name and recommended dosage/frequency)

Does your child require any special (emergency) medications? (explain)

Does your child have any special dietary needs? _____

Please list any other information you think is important for us to know.

For any additional health-related concerns or information concerning your child, please contact Katie Roseberry at 907-852-0518 or krseberry@asrc.com.

Parent or Guardian signature _____ **Date** _____





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CAMPER SURVEY QUESTIONS

(to be completed by Camper)

Below are some questions for parents to help their children answer. These questions will help us to understand what our North Slope youth are learning from our Culture Camp. Please answer the following:

What traditional plants do you know about? Have you tried any berries, traditional greens or other North Slope plants?

What do you know about the traditional value of Hunting Traditions? Have you had the opportunity to go hunting, whaling, or fishing?

Name 3 things you hope to learn or do at camp. Examples include skinning and cutting caribou, cutting fish, learning to set nets, storytelling, traditional plants, traditional arts, Inupiaq language, history, or any others you can think of.

What do you know about Arctic survival and safety while on the land?

Have you gone camping before? If yes, who did you go with and what did you do?

There are many forms of traditional art, such as sewing, beading, mask-making, song and dance, tool-making, and more. What arts have you tried, and what would you like to learn?

DRUG & ALCOHOL FREE CAMP ACKNOWLEDGEMENT

(to be completed by Camper)

AEF Culture Camp is a drug, alcohol, and tobacco free event. I agree to abide by these rules and any failure to do so will result in me being removed from the camp and sent home at the expense of my family.

Camper Signature _____ **Date** _____





Assumption of Risk and Release of Liability

To be completed by parent or guardian for minor child

Activities at the AEF Culture Camp (“Camp”) include wilderness activities, outdoor adventure, camping, fishing, berry picking and foraging, running, hiking, boating, climbing, games, physical work/volunteering, light construction, landscaping tasks, and similar recreational activities. The activities take place away from public safety, police, fire protection, and medical care. Participants travel to and from activities, by walking, hiking, boating and riding as a passenger in vehicles, including all-terrain vehicles (ATVs).

ACCEPTANCE OF RISK

I agree that Camp activities are recreational in nature. I understand that my child’s participation in Camp activities will expose my child to a variety of inherent dangers that are part of Camp activities and cannot be eliminated without destroying the unique character of Camp. These dangers can include serious physical, emotional or mental injury, disability, and death. **Dangers may be caused by: my child’s negligence, my own negligence if I am present, negligence of AEF, its agents, volunteers, employees, contractors and representatives, and the negligence of other participants or outsiders. Camp activities include the following activities and risks:**

- 1. Volunteer Activity** – Injuries from the use or misuse of basic tools, dropped or flying materials or objects, tripping, stumbling or falling;
- 2. Watercraft** – Rocky beaches or outcroppings, boat collisions, falling overboard, waves, submerged, semi-submerged and overhanging objects, capsizing, swamping, sinking, hypothermia or drowning;
- 3. Wilderness & Weather** – Animal attack, contact with vermin, insect bites, open fire(s), smoke, changing or harsh temperatures, allergens, hypothermia, frostbite, heat stroke, exhaustion and dehydration, unknown terrain and getting lost;
- 4. Acts of Nature** – Forest/tundra fire, ice, falling ice or rocks, crevasses, avalanche, landslide, inclement weather, thunder and lightning, earthquake, flooding, and rough water;
- 5. Games & Sports** – Group activities, archery, riflery, misuse or discharge of weapons, swimming, canoeing, kayaking, ATV use, arts and crafts, hiking, mountain climbing, fishing, rafting, games and sports;
- 6. Remote Location** – limited or inaccessible medical facilities or treatment, inadequate first aid or first responders, lack of medical care for emergency or unexpected conditions including drowning, bleeding, shock, broken bones, infection, allergic reaction; risks of transportation to and from Camp or activities, including but not limited to weather, road conditions, wildlife and driving hazards.

I understand that the Camp is held in a remote and primitive area, and that any emergency aid or medical care may be delayed or nonexistent. In consideration for allowing my child’s participation, **I understand the risks inherent in Camp activities and assume full responsibility for personal injury, accidents, or illnesses (including death) that my child may suffer as a result of Camp participation.** I assume all risks associated with the Camp and transportation and agree to hold AEF and its volunteers, employees, or agents harmless from all liability, causes of action, deaths, claims, or demands of any nature which may arise in connection with my child’s participation, as well as their transportation to, from, and during Camp programs or its activities.



WAIVER OF NEGLIGENCE

I waive any claim for injuries to my child caused by the negligence of any person at Camp. By signing below, I acknowledge that if any injury or death is suffered during my child's participation at Camp, I may be found by a court of law to have waived my and my child's rights to maintain a lawsuit against AEF, its agents, and the landowner, for any claim covered by this waiver/release. I also agree to waive any claims that I might have personally, arising out of the death, disability or injury to my child, that I might otherwise have in the absence of this release. I understand that this waiver does not prospectively waive any claim my child might have against AEF for reckless or intentional misconduct.

I understand that AEF attempts to provide adequate supervision, but there will be times when my child has minimum supervision. **As parent/legal guardian, I have read this Release of Liability and understand its terms.** I understand that Camp participation can involve a range of risks, only some of which are outlined above, and that AEF does not warrant that injuries, illness, death or accident will be prevented, or that COVID-19 contagion will be avoided. It is my intent to release all liability, not just the liabilities arising from the risks identified. This release and assumptions of risk are made by me, for my child, my heirs and my estate, and all members of our family.

In return for my child's attendance at the Camp, **I agree to indemnify and hold harmless AEF** and its employees, volunteers, or agents, from and against any losses, costs, damages, expenses, including attorney's fees, arising out of or resulting from claims or suits, brought by or on behalf of anyone, for any injury to my child, including death, whether such injuries occur on or off Camp property or for any damage to my child's property occurring during the course of my child's participation at the Camp, alleged or claimed to have been caused in whole or in part, directly or indirectly, by any act or omission of any of AEF employee, volunteers, or agents.

I agree to advise my child that wearing an approved USCG personal flotation device for waterborne activities is required. I agree to advise my child to follow instructions, to observe safety precautions, and to follow Camp rules, policies, and applicable law. I will remind my child that accidents in the wilderness can have very serious consequences. Because of the dangers involved, I understand the importance of following instructions, including use of safety belts, staying seated as a passenger, and not distracting drivers. **In signing this form, I certify my understanding of the risks being waived and agree to instruct my child to follow all instructions given by Camp volunteers, employees, or agents to my child.**

ALASKA LAW AND COURTS

I agree that any dispute concerning this release or my child's activities with the Camp must take place in the state courts for Alaska at Utqiagvik.

TREATMENT AUTHORIZATION

I verify and certify that the medical information provided about my child is correct and complete. I understand that failure to disclose full and accurate medical information may result in program dismissal. I hereby give permission to AEF, including its agents, volunteers, employees, contractors, and representatives, to provide routine health care, medical treatment, and to administer prescribed medications and seek emergency medical treatment, including related transportation, ordering X-rays or routine tests, such as a COVID-19 test. In the event I cannot be reached in an emergency, I authorize the physician selected by AEF to secure and administer treatment, including hospitalization for my child. I also authorize the treating physician to release pertinent medical information to AEF staff, including for insurance purposes. I affirm that I have appropriate insurance, or, in its absence, I agree to directly pay all costs of rescue and or medical services as



may be incurred on my child's behalf. I certify that my child has no medical, physical, or mental limitations that could interfere with their safety in Camp activities, or that I willingly assume and will bear the costs or damages arising out of any risks that may be created, directly or indirectly, by any such limitation.

IMAGE RELEASE

I consent to the use, publication, and display, by or on behalf of AEF, of any photograph, video or digital image and any reproduction thereof in which my child or I may be portrayed or identified. AEF may use, publish, broadcast, and display such photographs, videos, digital images, or reproductions thereof, in whole or in part, for any business purpose in their individual discretion, including media coverage of Camp activities. I waive all claims for any compensation or damages related to such use.

I AFFIRM MY CHILD IS PHYSICALLY ABLE TO INDEPENDENTLY PARTICIPATE IN THE ABOVE-DESCRIBED ACTIVITIES. I UNDERSTAND AND ACCEPT THE TERMS AND CONDITIONS OF THIS ASSUMPTION/RELEASE/WAIVER. THIS AGREEMENT IS BINDING ON ME, MY CHILD, AND MY SUCCESSORS AND ASSIGNS. I UNDERSTAND THAT THIS RELEASE WAIVES AND RELEASES MY CHILD'S PROSPECTIVE CLAIM(S) FOR NEGLIGENCE AGAINST AEF.

Child / Participant's Name _____

Parent or Guardian Signature _____ Date _____

