



Community Health Representatives (CHR)
1449 W. Main
Pawhuska, OK 74056
539.212.2615

The CHR Program sponsors a Summer Swim Initiative for Osage and federally recognized Native Americans living in Osage County. This event is intended to encourage health promotion and disease prevention by swimming at the community pools in Fairfax, Hominy, and Pawhuska through the summer season.

To participate, parents or guardians must complete the form for each participant, provide a copy of their tribal membership or CDIB card and proof of address. If person signing up participant is not a parent, please provide proof of legal guardianship with this registration form.

Participant information:					
First:		Last:			
Grade:	Swimming Pool (circle one)		Fairfax	Hominy	Pawhuska
Age:		Birthdate:			
Tribal Affiliation:					
Address:					
City:	State:		Zip:		
Primary Phone:		Alternate Phone:			
Parent/Guardian- Contact Info:					
First:		Last:			
Address (if different from above):					
Phone (if different from above):					
Email:					



OSAGE NATION
HEALTH SYSTEM
A Culture of Caring

Community Health Representative (CHR)
1449 W. Main Street
Pawhuska, OK 74056

WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT

1. In consideration for myself and/or my child participating in the Osage Nation Community Health Representative's Summer Swim 2024 Initiative, I hereby **RELEASE, WAIVE, AND DISCHARGE THE OSAGE NATION HEALTH SYSTEM**, their officers, agents, volunteers, and employees (hereinafter referred to collectively as the "Osage Nation") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child or any of the property belonging to me or my child **WHETHER CAUSED BY THE NEGLIGENCE OF THE OSAGE NATION HEALTH SYSTEM** or otherwise, while participating in the event and associated activities or while in, on, or upon the premises where the event is being conducted.
2. I am fully aware of the risks involved and hazards connected with my and/or my child's participation in this program and traveling. I hereby elect to allow myself and/or my child to voluntarily participate in said activities of the program with full knowledge that said activities may be hazardous to my child and my property. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH** that may be sustained by myself and/or my child, or any loss or damage of property owned by me or my child, as a result of being engaged in such activities **WHETHER CAUSED BY THE NEGLIGENCE OF THE OSAGE NATION OR OTHERWISE**.
3. I further hereby **AGREE TO INDEMNIFY AND HOLD HARMLESS THE OSAGE NATION** from any loss, liability, damage, or cost, including court costs and reasonable attorneys' fees that the Osage Nation may incur due to my child's participation in said event associated activities **WHETHER CAUSED BY NEGLIGENCE OF THE OSAGE NATION HEALTH SYSTEM** or otherwise.
4. I express my intent that this Waiver of Liability and Indemnification Agreement bind me and the members of my family, spouse, and heirs, assignees, and personal representative. It shall be deemed as a complete **RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE THE OSAGE NATION HEALTH SYSTEM**.

BY SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Indemnification Agreement, understand it, and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement have been made; and I am at least eighteen (18) years of age and/or the Parent or Legal Guardian of the minor participant; if Participant is under the age of eighteen (18) years of age, Parent/Legal Guardian consents to the minor's participation in the event; consents for the Osage Nation Health System to seek reasonable and necessary medical treatment for their child during such or associated activities; and agrees to be responsible for any cost of such treatment. By my signature below, I acknowledge and execute this agreement for full, adequate, and complete consideration, fully intending to be bound by same.

Signed on this _____ day of _____, 2024

Name of Participant (print): _____

Name of Parent/Legal Guardian (print): _____

Signature of Participant or Parent/Legal Guardian: _____