



PULIKLA TRIBE OF YUOK PEOPLE

P.O. Box 529 ▪ Klamath, CA 95548
Tel (707) 482-2431 ▪ Fax (707) 482-3425

* * * **EARLY-BIRD REWARD** * * *

IF REGISTERED BY **JUNE 1, 2026**, SPECIFY PERSONALIZED NAME FOR HOODIE:

(15 CHARACTERS MAX)

We look forward to welcoming your child to the Pulikla Tribe of Yurok People to participate in our **2026 Ocean Stewards Youth Camp from August 3rd-6th**. Please review and sign all forms included in this registration packet and submit via one of these options:

- **Drop-off:** Pulikla Tribe of Yurok People (*front desk*) at 177 Nepuey Road in Klamath, CA
- **Mail:** PO Box 529, Klamath, CA 95548
- **Email:** Alyssia.Scott@puliklatribes.gov

For questions, please contact Alyssia Scott at the email address above, or call (707) 482-2431, ext. 200. Thank you!

REGISTRATION DEADLINE: JULY 1, 2026



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YOUTH PARTICIPATION AND LIABILITY RELEASE

Will your child need transportation? YES NO

Child's Name: _____ Date of Birth: _____

Tribe (if applicable): _____ School: _____

Sweatshirt Size (circle one): Youth S M L
Adult: S M L XL

Parent/Guardian's Name: _____

Phone Number(s): _____

Email: _____

Signature of Parent/Guardian: _____

Signature Date (DD/MM/YYYY): _____

Emergency Contact (if different than Parent/Guardian information above):

Emergency Contact Name: _____

Relationship to Child: _____ Phone #: _____



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ASSUMPTION OF RISK, MEDICAL TREATMENT, AND RELEASE OF LIABILITY

ASSUMPTION OF RISK

Pulikla Tribe of Yurok People, a federally recognized Tribe, offers a variety of outdoor cultural and educational programs (“Programs”) that may possess inherent risks of injury and death. Programs include tide pooling, boating, hiking, vehicular transportation, etc. Interaction with other people may also possess inherent risks of sickness, injury and death. I understand that my child may be exposed to a variety of hazards and risks, foreseen or unforeseen, which are inherent and cannot be mitigated without destroying the unique character of the Programs. I further understand and agree that there may be risks and dangers not known or reasonably foreseeable at this time. I agree my child assumes all such hazards and risks associated with the Programs.

Does your child have any allergies to medicines, latex, foods, bites, or stings? If so, please list below.

Allergy	Type of Reaction	Medication Required

Does your child have any dietary needs? If so, please list below:

(Examples: vegetarian, gluten free, no nuts, no eggs, dairy intolerance, kosher, etc.)

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MEDICAL TREATMENT AUTHORIZATION

I authorize any adult chaperone or Program Leader to obtain professional medical care for my child. I consent to any treatment and/or hospital care that may be recommended by a licensed physician and/or dentist. Parents and/or Legal Guardians are responsible for any medical expenses.

NOTIFICATION

In the event of minor illnesses or injuries, I understand that Pulikla Tribe of Yurok People will attempt to contact me at the earliest opportunity. In the event of major illnesses or injuries, I understand that Pulikla Tribe of Yurok People will attempt to contact me before the commencement of any medical treatment, unless my child's condition is such that treatment must be commenced immediately.

ARBITRATION AGREEMENT

I agree that any dispute concerning this Participant Agreement shall be submitted to arbitration to the Tribal Council as a condition precedent to any legal action that may be taken to resolve said dispute.

NO ALTERNATIVE TO KAYAKING ON FINAL DAY

On August 6, 2026, campers are kayaking on the Humboldt Lagoons. I understand that there will be no on-shore supervision available that day. I agree to indicate below whether my child will be attending:

_____ YES, my child will be joining for the final day of the 2026 Ocean Stewards Camp.

I understand that by attending on this day (August 6th), my child will be kayaking.

_____ NO, my child will not be joining for the final day of the 2026 Ocean Stewards Camp.

I understand that no supervision will be available for campers who are not kayaking. Therefore, my child will NOT be in attendance on the final day of camp.



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RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND INDEMNITY AGREEMENT

In consideration for my child's acceptance as a participant in these Programs, and the services and amenities to be provided by Pulikla Tribe of Yurok People in connection with these Programs, I confirm my understanding of the details below.

- This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.
- I understand that in addition to the risks described above, and which I agree are assumed by my child, my child may be exposed to the active and passive negligence of individuals administering the Programs. I release Pulikla Tribe of Yurok People, their directors, officers, employees, volunteers, partnering organizations, contractors, agents, and designees from liability for any claims by me or any third party in connection with my child's participation in the Programs. When sovereign immunity may not apply, I agree not to sue the foregoing for any and all claims, liability, injury, or loss in connection with any Program, including any claim for any active or passive negligence, but excluding any claim for gross negligence or willful misconduct, of any of the foregoing.
- I hold Pulikla Tribe of Yurok People harmless from any claims, damages, injuries or losses caused by my child's own negligence while a participant on the Program.
- I assume full financial responsibility for the costs of any evacuation and/or any medical care/treatment that my child may receive. I give authority and power to render care that a physician in the exercise of his/her best judgment may deem advisable.

I attest that I am the parent or legal guardian of the minor participant named in this packet and that I have the authority to waive his/her legal rights. I have carefully read this Participant Agreement, I understand its terms, and am signing it voluntarily.

Parent/Guardian's Name: _____

Signature of Parent/Guardian: _____

Signature Date (MM/DD/YYYY): _____



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MEDIA CONSENT FORM

(check media consent preference)

_____ On behalf of my child, I hereby **grant** non-exclusive rights to Pulikla Tribe of Yurok People and anyone authorized by Pulikla Tribe of Yurok People to use photographs, video, and audio of my child in promotional material, documentation, lectures, and presentations. I understand that neither I nor my child will receive any compensation other than the benefits that normally derive from having such a likeness exhibited by Pulikla Tribe of Yurok People and anyone authorized by Pulikla Tribe of Yurok People. I further release Pulikla Tribe of Yurok People their directors, officers, employees, volunteers, partnering organizations, contractors, agents, and designees from liability for any and all claims or demands arising out for in connection with the use of the rights granted in the paragraph captioned Media Consent, including claims of libel, defamation, or violation of the rights of privacy or publicity.

_____ On behalf of my child, I hereby **do not grant** any rights to Pulikla Tribe of Yurok People or anyone authorized by Pulikla Tribe of Yurok People to use photographs, video, and audio of my child in promotional material, documentation, lectures, and presentations.

Child's Name: _____

Parent/Guardian's Name: _____

Signature of Parent/Guardian: _____

Signature Date (MM/DD/YYYY): _____



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OCEAN STEWARDS YOUTH CAMP EMERGENCY PROTOCOL

FOR ANY FIRE, MEDICAL OR OTHER EMERGENCY: DIAL 911

Yurok Ancestral Territory and Pulikla Tribe of Yurok People is located on the remote coast and lower Klamath River in northern California. There is VERY limited cell reception throughout the area, with many phones finding no service. Staff that you may attempt to contact by cell phone during the camp include Lezlie Heckel (707-954-9612) and Moonchay Dowd (707-954-0198).

CALL THE OFFICE

If there is an emergency, Pulikla Tribe of Yurok People has land-line phones in the Tribal Offices in Klamath, which are open Monday-Friday from 8:00 am to 5:00 pm (except holidays). If a Program participant needs to be contacted, for emergency reason, while at the Ocean Stewards Youth Camp, the phone number is **707-482-2431** and email is office@puliklatribes.gov.

PHYSICAL LOCATION

The Ocean Stewards Youth Camp will take place at the Cher'ere Campground at 170 Nepuey Road in Klamath, CA, located on the Pulikla Tribe of Yurok People Reservation. Activities will also occur in the False Klamath Cove area, north of Klamath, CA. We will also have field trips to the Cal Poly Humboldt Marine Laboratory, Sumeg Village Visitor Center, and Humboldt Lagoons in/near Trinidad, CA.



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YOUTH BEHAVIOR CONTRACT

I, _____, do promise to adhere to all below stated rules and guidelines. I also understand that I may not be limited to just the rules defined below, but other rules that may be put in place for the benefit of my safety and all others in attendance.

- I will bring a positive attitude and be respectful to elders, adults, organizers, staff, and chaperones, as well as other youth in attendance.
- I will clean up after myself. If help is needed, I will volunteer my services to ensure that our camp area is maintained and clean (camp site, on the beach, and other areas).
- I will be sure to arrive and be picked up on time each day.
- I will remain with the group and only leave if permission is granted to go with a chaperone.
- I will NOT bring any tobacco, marijuana, alcohol, illegal drugs, or weapons of any kind.
- I understand that there is a NO TOLERANCE POLICY and if I DO NOT follow the RULES, and GUIDELINES, I may be sent home.
- I PROMISE to participate in all activities, and most importantly, to have fun and learn new things.

Youth Participant's Name: _____

Signature of Youth Participant: _____

Signature Date (MM/DD/YYYY): _____