



**ARIZONA INDIAN EDUCATION ASSOCIATION / THE UNIVERSITY OF ARIZONA®
2008 AMERICAN INDIAN YOUTH CONFERENCE**

“Strengthening Culture & Education to Empower Our Youth”

NOVEMBER 20 - 21, 2008 - THE UNIVERSITY OF ARIZONA - TUCSON, AZ

ADULT REGISTRATION FORM

First Name: _____ **Last Name:** _____

Title: _____ **School/Program** _____

Tribal Affiliation (if applicable): _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **E-mail:** _____

REGISTRATION FEES:

Pre-registration fee per applicant **\$85.00** (*pre-registration deadline is October 31st, 2008*)

Send payment with required registration forms to: **AIEA, P.O. Box 13402, Phoenix, AZ 85002**

METHOD OF PAYMENT:

Check/Money Order payable to AIEA (do not send cash) Purchase Order # _____

Participant Release, Indemnity, Assumption of Risk, and Photo Release Statement

This Release, Indemnity, Assumption of Risk, and Photo Release statement covers all activities, events, sessions, meals, occurrences, participation, observation, an travel between activities, associated with the Arizona Indian Education Association (AIEA) 2008 American Indian Youth Conference (AIYC) at The University of Arizona (UA) in Tucson, Arizona.

I agree to assume the risk that unexpected events may occur that may result in harm, injury, illness, damage or loss of my property associated with my participation, observation or other items covered in this release. I will not hold liable AIEA, UA, nor any of its agents, volunteers, or other organizations involved in the 2008 American Indian Youth Conference. I understand that the AIYC and other activities associated with the conference are voluntary and I agree to accept the responsibility for my safety.

I consent to the provision of emergency medical treatment for myself to the extent that the treatment is necessary in the medical opinion of the doctor rendering the treatment. If I have any concerns about my own ability to participate in any event or activity associated with the Arizona Indian Education Association's AIYC, I agree to discuss my concerns with my own physician before signing this form.

I further authorize the Arizona Indian Education Association to film, videotape, photograph, or otherwise record my own or my child's participation in the 2008 American Indian youth Conference and its affiliated activities and to reproduce and use this file, videotape, or recordings and my own or my child's name, likeness, voice, and brief biographical material in connection with non-commercial promotional activities, materials, website, or media releases related to the conference.

Signature/Date: _____ **Phone #1:** _____

In Case of Emergency: If I/my child require emergency medical treatment and I cannot be reached, please contact the alternate emergency contact:

Name: _____ **Relationship:** _____ **Phone Number:** _____

RETURN FORM TO: AIEA, P.O. Box 13402, Phoenix, AZ 85002

OFFICIAL USE ONLY: Received by: _____ Date: _____
<input type="checkbox"/> Check/Money Order: _____ <input type="checkbox"/> Purchase Order # _____