



DENVER INDIAN HEALTH AND FAMILY SERVICES, INC.

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What: Mo Smith One Mile Challenge
Fitness and Leadership Training Camp
To prepare for a special event held in conjunction with the
2006 North American Indigenous Games

MO SMITH'S
ONE MILE CHALLENGE



When: June 16-17, 2006
Grades 3, 4: Parent/guardian Chaperone Required

June 17-18, 2006
Grades 5, 6, 7: Parent/guardian Chaperone Optional

Where: Balarat, DPS Outdoor Education Camp

Cost: Free! Register by May 22nd

- Train for the July 2nd MSOMC One Mile Race
• Ropes Course and Leadership Activities
• Learn about Native Nutrition and Traditional Wellness, Tai Chi and Yoga
• Educational Hikes
• All Meals and Transportation to and from DIHFS will be provided

Please return this completed form by MAY 22nd to Jennifer Wolf or Danica Brown, contact information at the top of the page, or return it to a DPS or Jefferson County Indian Education staff member.

Size: ___kids Sm ___kids Med ___kids Lg ___ adult Sm ___ adult Med ___ adult Lg

Required Supply List: Pillow, Sleeping Bag or Blanket, Toiletries (toothbrush, toothpaste, comb or brush), a pair of sneakers or hiking shoes, sleep clothing, sun screen, hat, sunglasses, jacket, sweater or sweatshirt, backpack. Bring a stuffed animal, if necessary.

PARTICIPANT PERMISSION FORM AND RELEASE OF LIABILITY/Photography

Release of Liability:

I affirm that my child does not have any physical or medical limitations which have not been disclosed. If he/she is under that care of a physician, disclosed or undisclosed, that might endanger the health of other participants, I affirm that he/she has been given approval by my physician for participation.

I hereby release from any legal liability DIHFS, its Board of Directors, staff, interns/volunteers, the State of Colorado, from any and all liability of loss or damage, including any that results from claims for personal injury, death or property damage related to the participation in the activity provided. I understand and acknowledge that DIHFS does not offer any medical insurance to protect against accidents and has no responsibility for any medical expenses that may incur.

Release for Photography/Video

I hereby authorize the agencies sponsoring this event, Denver Indian Health & Family Services, and the State of Colorado, to use my or my family's photographs and names in their publications. I understand that these agencies would like permission to reprint any or all material in publications, such as their website, newsletter, appeal letters and brochures and other media that the above listed agencies deem appropriate. This permission extends to the right to quote or paraphrase all or any portion of my or child's name, image, voice, likeness, and biographical data. This permission extends to the right to quote or paraphrase all or any portion of my child's writings, projects, personal experiences, remarks and recollections. I understand that DIHFS will be the sole owner of all copyright to said publications.

I hereby release and discharge the sponsors and their licenses, successors and assigns from any and all claims, demands, or causes of action that I may have against them by reason of anything contained in any of the above uses, including claims based on the right of privacy, the right of publicity, copyright, libel, slander, or any other right. I understand that this authorization has no expiration date. I acknowledge that I am not entitled to receive any goods, services, or form of payment from the sponsors and/or their licensees, successors, or assigns in exchange for the use of this information.

My child, _____ Grade _____, has permission to participate in MSOMC Fitness and Leadership Training Camp

Print name of child: _____

Print name of parent or guardian: _____

Parent/Guardian signature _____ Date _____ Parent will be attending camp

OTHER REQUIRED INFORMATION:

Home phone _____ Work Phone _____ Cell Phone _____

Does your child have health or accident insurance? Yes ___ No ___

If yes, name of company: _____

Dose your child have any physical limitations that would interfere with their participation in this event?

If yes, identify: _____

Is your child taking any medication? Yes ___ No ___ if yes, please list: _____