KANA’s Prevention Department invites you to participate in our summer activity programs, Activity Afternoons and Explore the Rock. There is no deadline for registration for either of these activities, and students may attend as many or as few activities as they like and/or are able. These programs are completely free and are open to all participants.

**Activity Afternoons** is available for all students entering 1st grade in the 2020/2021 school year. Activities are hosted Monday and Friday afternoons from 1-3pm throughout the summer, and are facilitated by KANA staff and adult volunteers. Students can attend as many or as few days as they like. The first day of this program will be Monday, June 8th and the last will be Monday, August 10th.

**Location:** Baranof Park (field on sunny days, covered rink when raining)
**Time:** 1pm to 3pm on Mondays and Fridays.

Students should bring the following items **EVERY** time they attend. KANA is not responsible for any lost or stolen property, so please put names on personal items.

- Wear appropriate footwear. **No sandals or flip-flops.**
- Wear weather appropriate clothes, we will be on the field most days, even in light rain or wind. **You will NEED a jacket or hoodie.**
- Full water bottle. **DO NOT bring soda, energy drinks, chips, or candy to the program**

**Explore the Rock** is for students who will be entering grades 6-12 during the 2020/2021 school year. Hikes will be between 2-9 miles with varying terrain and conditions, with shorter hikes being accompanied by a learning topic or activity. Topics for the first few hikes have been determined by KANA staff, while the rest will be guided by participants, with preference given to those who attend more frequently.

**Drop-off & Pick Up Location:** KANA Wellness Center – 3400 Rezanof Drive East
**Drop-off Time:** 10am on Thursdays. Please arrive on time to avoid missing the bus.
**End Time:** 3pm on Thursdays.

It is very important that you bring the following items **EVERY** time you attend. These are not nature walks, you need to ensure that you are prepared to handle extended hikes, poor weather, or any other situations that may arise while on the trails. KANA is not responsible for any lost or stolen property. KANA will provide backpacks and t-shirts for most students on a first-come, first-serve basis. Students **SHOULD NOT** bring bear spray or other hazardous material(s). Program staff are trained in the use of, and will be equipped with, bear deterrents.

- Wear appropriate footwear (gym shoes or hiking shoes) **No sandals or flip-flops.**
- Wear weather appropriate clothes. **You will NEED a jacket or hoodie.**
- Water bottle or water bladder (full of at least 2L of water).
- A healthy snack and lunch. **DO NOT only bring soda, energy drinks, chips, or candy on hikes**
HIKE SCHEDULE

Hike locations and topics are listed below, but are subject to change for numerous reasons including high bear activity, severe weather, transportation issues, trail conditions, and more. Program staff reserve the right to make changes to hike locations with short notice, including the day of the hike. Any changes will be announced on the KANA Prevention Facebook page, and again at the drop-off location. Please follow us on Facebook to receive these updates.

Changes in location will not occur due to light rain, wind, fog, or high/low temperatures unless such conditions are determined to present a significant risk to participant safety. With this in mind, it is extremely important that participants are prepared to hike in non-ideal conditions by bringing extra clothing layers, plenty of water and snacks, extra socks, sunscreen, a hat, and a rain coat/wind breaker as appropriate. KANA staff reserve the right to deny participation for students deemed unprepared for the conditions (i.e. no water, lack of appropriate clothing, etc.).

<table>
<thead>
<tr>
<th>Hike Date</th>
<th>Hike Location</th>
<th>Special Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thurs, June 4</td>
<td>Pillar/Ft. Abercrombie</td>
<td>Bear Safety/Hiking Protocol</td>
</tr>
<tr>
<td>Thurs, June 11</td>
<td>Swampy Loop</td>
<td>First Aid/Wilderness Safety</td>
</tr>
<tr>
<td>Thurs, June 18</td>
<td>Pyramid</td>
<td>Nutrition/Hydration</td>
</tr>
<tr>
<td>Thurs, June 25</td>
<td>North Sister</td>
<td>Rock Painting</td>
</tr>
<tr>
<td>Thurs, July 2</td>
<td>NO HIKE THIS WEEK</td>
<td></td>
</tr>
<tr>
<td>Thurs, July 9</td>
<td>Termination Point</td>
<td>TBD</td>
</tr>
<tr>
<td>Thurs, July 16</td>
<td>Old Women’s Loop</td>
<td>TBD</td>
</tr>
<tr>
<td>Thurs, July 23</td>
<td>Heitman</td>
<td>TBD</td>
</tr>
<tr>
<td>Thurs, July 30</td>
<td>Kashaveroff</td>
<td>TBD</td>
</tr>
<tr>
<td>Thurs, Aug 6</td>
<td>Barometer</td>
<td>TBD</td>
</tr>
<tr>
<td>Thurs, Aug 13</td>
<td>Ft. Abercrombie or Buskin Beach</td>
<td>Closing Picnic</td>
</tr>
</tbody>
</table>

Please return completed packets to the front desk of the KANA Wellness Center located at 3400 Rezanof Drive East

Packets can also be submitted by email to Prevention@kodiakhealthcare.org

For help registering or for other questions, please contact Tori Frank at 907-486-7389 or message the KANA Prevention Programs on Facebook Messenger.
STUDENT INFORMATION

These activity programs are funded by several State and Federal grants, and we hope to include students of all backgrounds. Your demographic information is only to inform our funders who our programs are reaching and to improve our programs to reach a wider audience.

Name: _____________________________________________ Age: ______________

*Please click on lines to type or print and hand write

Address: ________________________________________________

City: _______________________ State: ______________  Zip: ______________

Date of Birth: ___________________ Male: ☐ Female: ☐

Race(s): Check all that apply
☐ Alaska Native
☐ American Indian
☐ Asian
☐ Black/African American
☐ Caucasian
☐ Native Hawaiian
☐ Pacific Islander
☐ Other

Ethnicity: Check one
☐ Not Spanish/Hispanic/Latino
☐ Spanish/Hispanic/Latino

What grade will you be in during the 2020-2021 school year? _______________________

Which summer program(s) will your student plan to participate in: Check all that apply
☐ Activity Afternoons (Mondays)  ☐ Explore the Rock (Thursdays)
☐ Activity Afternoons (Fridays)  ☐ All of the Above
STATEMENT OF CONDUCT - YOUTH PARTICIPANT & PARENT/GUARDIAN MUST SIGN

I understand that when I attend Explore the Rock/Afternoon Activities I will comply with this agreement:

- I will stay with the group at all times.
- I will respect the adults attending the hikes by following directions.
- I will not criticize or make fun of other group members or use inappropriate language.
- I will not use tobacco, vapes, alcohol, or other drugs/substances during or before our outings.
- I will not litter or harm the environment.
- I will respect property, whether my own or someone else’s.
- I will obey all safety instructions given to me by adult staff.

I understand that if I do not abide by the above agreement, it may result in the following consequences:

- I will only be warned once before my parents are called.
- I may be asked to take a one to two week break from the summer activity programs.
- My parents may have to pick me up, depending on the severity of the incident.
- I may not be welcome back to the program for the remainder of the summer.

______________________     _______________________
Youth Signature      Date

______________________     _______________________
Parent/Guardian Signature     Date

Parent Information (Full Names)

Parent/Guardian Name: _________________________________
Home/Work Phone: ______________________  Cell Phone: ______________________

Parent/Guardian Name: _________________________________
Home/Work Phone: ______________________  Cell Phone: ______________________

Email: _______________________________________________
MEDICAL TREATMENT RELEASE FOR MINORS

In the event of a medical emergency, I authorize KANA or their designated agents to obtain medical treatment for the minor in the event of my absence. If I am unable to be reached, I hereby authorize the physician or hospital to which the minor is taken to perform all medical services or to have such medical services performed which in the opinion of the physician or hospital are reasonably necessary to the care of the minor.

Name of Minor: _________________________________  Date: ________________

Please Print

Parent/Guardian’s Signature: ___________________________________________

(Parent/Guardian must sign if Participant is under 18 years of age)

In case of emergency contact: (Please list someone who is not already listed):

Name:_________________________  Relationship: __________________________
Address:_______________________  Phone #: ___________________________
Family Doctor:___________________  Phone #: __________________________
Participants Health and Accident Insurance Company: _______________________
Policy #: _______________________

Please list below any medications, allergies, or limitations (physical, educational, etc.) you may have that KANA staff and/or other adult volunteers may need to know about:

________________________________________________________________________
HOLD HARMLESS AGREEMENT

I understand that the Kodiak Area Native Association (KANA) or KANA employees and volunteers will not be responsible for any accidents or injuries which may occur during the duration of the program, of my son, daughter, or legal ward except if the injuries are proven to be directly caused by the intentional act or gross negligence of KANA. This includes, but is not limited to, incidents involving the transportation of youth.

I understand that the activities associated with the Explore the Rock and/or Activity Afternoons programs have a certain degree of risk. I give my consent for my child to participate in the program.

I affirm that I am the legal guardian of the child whose name appears on the form and have the legal right to sign this agreement.

Name of Minor: _________________________________  Date: __________________

Please Print

Parent/Guardian’s Signature: ___________________________________________

(Parent/Guardian must sign if Participant is under 18 years of age)

PHOTO/VIDEO RELEASE

I hereby authorize KANA or their designated agents to use the photographs, video, recordings, and/or any other record of these events taken of me for use in printed and/or online publications. I am aware that these publications will be used to show the success and outcomes of KANA programs. I acknowledge that since my participation in KANA publications is voluntary, I will receive no financial compensation. I may at any time withdraw permission for photos or video footage of me to be used in any publications.

Name of Participant: _________________________________  Date: __________________

*Please click on lines to type or hand write

Participant’s Signature: ___________________________________________

(Parent/Guardian must sign if Participant is under 18 years of age)
2020 Summer Activity Programs

Acknowledgement of Risk and Full & Complete Release of Liability

NAME OF PARTICIPANT ____________________________________

NAME OF ACTIVITY ____________________________________

In consideration of the services, programs, functions and activities of Kodiak Area Native Association, its agents, employees, trustees, officers, contractors, and all other persons or entities associated with it (collectively referred to hereafter as “KANA”) I agree as follows:

Participants (and Parents/Guardians if participant is a minor under the age of 18) please indicate your agreement by initialing next to each paragraph and signing below (Participant on the Left, Parent/Guardian on the Right).

Skill Risks

___ / ___ Although KANA has taken reasonable steps to provide participants with appropriate equipment and skilled staff for the Explore the Rock and/or Activity Afternoons (hereafter referred to as the Program), so I can enjoy an activity for which I may or may not be skilled, I acknowledge that this activity has risks, including certain risks that cannot be eliminated without altering the unique character of this activity. The same elements that contribute to the unique character of this activity can be causes of loss or damage to my equipment and to accidental injury, illness, or, in extreme cases, permanent trauma, disability or death. I understand that KANA does not want to frighten me or reduce the participant’s enthusiasm for this activity, but thinks it is important for participants to know in advance what to expect and to be informed of the activity’s inherent risks. I understand that the following describes some, but not all, of those risks.

___ / ___ KANA’s Program involves many outdoor activities where participants are subject to numerous risks, environmental and otherwise. Activities may vary, and include but are not limited to track and field events, running on sidewalks, road ways, gravel, grass, sand and may include transportation to and from the locations where these activities occur which may involve risks of injury, disability or death.

Medical Care Risks

___ / ___ KANA’s activities will take place in various locations indoors and outdoors. Outdoor activities, in particular may be in locations that could cause significant delays in communicating with and transporting to and from medical facilities.
Travel Risks

Travel may be by automobile or on foot to Program activity locations and possibly over unpredictable terrain, including snow and ice or near water. Attendant risks include automobile or other highway traffic collision, falling, drowning and others usually associated with such travel, as well as environmental risks.

Environmental Risks

Environmental risks and hazards include rapidly moving, deep and/or cold water, insects, and predators, including large animals; falling and rolling rock; avalanches, flash floods, and unpredictable forces of nature, including weather which may change to extreme conditions without notice. Possible injuries and illnesses include hypothermia, frostbite, sunburn, heatstroke, dehydration, and other mild or serious conditions.

Group Safety

I understand that decisions regarding safety are made by the adults supervising the activity and by participants in an outdoor setting, based on a variety of perceptions and evaluations which by their nature are imprecise and subject to errors in judgment. I understand that throughout any of KANA’s activities, participants are responsible for their own safety and for the safety of other members of their group.

Inherent Risks

I am aware that KANA’s Program activities include risks of injury or death to participants. I understand the description above of these risks is not complete and that other unknown, unmentioned or unanticipated risks may result in property loss, injury or death. I agree to assume responsibility for the inherent risks identified herein and those inherent risks not specifically identified. Participation in these activities and this program is purely voluntary. No one is requiring me or my child to participate. I elect to participate, or to have my child participate, in spite of and with full knowledge of the inherent risks. I acknowledge that KANA staff has been available to fully explain the nature and physical demands of this activity and the inherent risk, hazards, and dangers associated with the activity. I have asked any questions that I have about this activity.

Agreement and Understanding

I have read and understand this release, the general description of the Program activity that I am about to participate in with KANA. This includes the objectives of the Program and physical demands put on me by this activity.

Physical Condition

I have verified with the participant’s physician and other medical professional that the participant has no past or current physical or psychological condition that might affect his/her participation in the Program. I authorize KANA to obtain or provide emergency hospitalization, surgical or other medical care for me or my child.
**Personal Responsibility Acceptance**

I represent that the participant is fully capable of participating in the Explore the Rock and/or Activity Afternoons activities, without causing harm to others or themselves. Therefore, I, and my parent(s) or guardian if I am a minor, assume and accept full responsibility for me and for injury, death and loss of personal property and expenses suffered by me and them as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence in participating in the KANA Program activity.

**Full Release of Claims**

Having fully read and understood this document, I, and my parent(s) or guardian if I am a minor, hereby completely and irrevocably release the Kodiak Area Native Association and its officers, directors, employees, volunteers, agents and assigns, trustees, contractors, and all other persons or entities associated with it from any claim or cause of action whatsoever arising from or relating to my participation in the Program, and whether for injury, damage to property, disability or death. I, and my parent(s) or guardian if I am a minor, hereby agree and covenant not to bring or cause to be brought any suit, claim or cause of action against any of them, at any time, before any Court or administrative agency.

I have read, or this document has been read to me by ______________________________, and I understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate, and all members of my family. I agree to defend, indemnify and hold harmless the Kodiak Area Native Association and its officers, directors, employees, volunteers, agents and assigns, trustees, contractors, and all other persons or entities associated with it from any claims which may be brought by or on behalf of myself, or any member of my family, for injury or loss resulting from those inherent risks of the Program, described and not described above, and from my own negligence.

Participant’s Signature: ______________________________  Date: ______________

Parent/Guardian’s Signature: ______________________________  Date: ______________