



# SCIT Youth Summit Registration Form

August 19-21, 2017



**Privacy Notice:** Information collected for this registration is necessary to complete in order to receive future notifications regarding the SCIT Youth Summit and be used for the training event purposes. The Saginaw Chippewa Indian Tribe of Michigan will not share this information with third parties for promotional purposes.

<b>Name:</b>	<b>Age:</b>	<b>Grade:</b>	<b>Gender (circle one):</b> Male      Female
<b>Address:</b>	<b>Email:</b>		
<b>Phone #:</b> (      )      -	<b>Tribal Affiliation:</b>		
<b>Emergency Contact:</b>	<b>Relationship:</b>	<b>Emergency Contact #:</b> (      )      -	

## PHOTO/VIDEO RELEASE

By signing this photo/video release, you hereby give the SCIT Youth Council the irrevocable right to use my name or my child's name, picture, portrait, or photograph in all form without any restriction as to changes or alterations (including but not limited to composite or distorted representations or derivative works made in any medium) for advertising, publications, promotion, or other lawful purposes. I waive any rights to inspect or approve the photograph(s) or video(s) or finished version(s) incorporating the photograph(s) or video(s), including a written copy that may be created and appear in connection therewith.

I hereby release and agree to hold the SCIT Youth Council and all persons acting under its permission or authority from any liability arising with respect to any works mentioned in the paragraph above. I agree that the photographer(s) own the copyright(s) in these photographs and hereby wait any claims I may have based on usage of the photograph(s), or video(s) or work derived there from, including but not limited to claims of either invasion of privacy or libel. I am the guardian or parent of the said child noted below and I am of full age and competent to sign this release. I agree that this release shall be binding on my legal representatives, my heirs, assigns, and me. I have read this release and am familiar with its contents.

I further agree that I will not receive payment for participation in said photograph(s), or videotape(s) produced by the SCIT Youth Council, the Saginaw Chippewa Indian Tribe of Michigan and its employees.

_____ Name of Parent/Guardian Printed	_____ Parent/Guardian Signature	_____ Date
_____ Name of Child Printed	_____ Child Signature	_____ Date

Questions or concerns please contact Tonya Jackson (989) 621- 9375.

Registration forms can be emailed to [YouthCouncil2@sagchip.org](mailto:YouthCouncil2@sagchip.org), faxed to (989) 775-4160 or mailed to:  
Youth Council · 7070 E. Broadway Road · Mt. Pleasant, MI 48858