

Nimiipuu Health Youth Camp

For: Grades 4-12

Dates: July 7-9, 2026

Time: Begins at 8:00am, daily

Drop Off/Pick Up Locations: Community Health in Lapwai & Wa-A'Yas in Kamiah

Breakfast
Lunch &
Snacks
Provided!



We will create beautiful cultural works of art as well as activities that encourage healthy eating and healthy lifestyles!

There will be a guided tour of the Cherry Lane and Dworshak Fish Hatcheries.

On the final day, we will take an amazing jet boat excursion on the Snake River.

If interested in attending, please complete this form and return to Community Health by **July 3, 2026**.

Student Name (Print): _____ Grade: _____

Address: _____ Student Cell #: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Cell & work number #: _____

Emergency Numbers: _____

Parent/Guardian Signature: _____

By signing the above form you are allowing your child to attend the Nimiipuu Health Youth Enrichment Days including activities and field trips. For more information please contact Sonya at (208) 935-0733 or Crissy or Emilie at (208) 843-9375 or by email sonya.wood@nimiipuu.org, crissyg@nimiipuu.org or emilie@nimiipuu.org.

RELEASE AND WAIVER OF LIABILITY AGREEMENT
FOR
NIMIIPUU HEALTH

I, _____, understand that I am participating in a Nimiipuu Health on July 7-9, 2026.

I understand that some events/activities may cause me to be in an area that may have many natural and man-made hazards which cannot be anticipated, identified, modified or eliminated; and may be unpredictable and dangerous; and that the risk of personal injury, accidents, damages or death can happen to anyone at any time, regardless of the experiences of the professionals.

I assume all risks of personal injury, accidents, damages or death resulting from any cause. I understand that it is my responsibility to follow all the rules and regulations. I take responsibility for the underage person, as this is not the responsibility of any Nimiipuu Health (NMPH) employee or other person(s) accompanying my child. I accept full responsibility for injury, accidents, damages death or injury inflicted on others. I agree to give up and make no claim against the Tribe, NMPH, its employees, their officers, directors, agents, or employees for any injury to myself or others, accidents damages or death regardless of cause, including alleged negligence or fault.

This release is intended to discharge, in advance, the Tribe, NMPH, its employees, officers, directors, and agents from any all liability arising out of the Youth Enrichment Event.

Nothing in this release shall be construed as a waiver or diminishment of the Tribes inherent sovereign immunity.

I further understand that the Tribe has sovereign immunity from suit which means that it cannot be sued unless it has clearly and expressly consented to be sued in a particular case. I understand that the Tribe has not consented to be sued by me for damages or injury. I understand that in the event of such a suit brought against the Tribe will assert sovereign immunity as a defense.

I have read and fully understand this release and waiver of liability and agree to the terms and conditions stated above.

My signature constitutes acceptance of the release and waiver of liability terms and conditions.

Parent/Guardian (Print Name)

Participant's First & Last Name

Signature

Date

Media Release Form

Nimiipuu Health



I, _____, hereby grant permission to Nimiipuu Health the rights of my image, in video or still, and the likeness and sound of my voice as recorded on audio or video. I understand that my image may be edited, copied, exhibited, published, or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive the right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for ANY USE which may include but is not limited to:

- Presentations
- Courses
- Online/Internet Videos
- Media
- Social Media
- News (Press)

By signing this release, I understand this permission signifies that photographic or video recordings of me may be displayed via the Internet or in a public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed for use in an any setting.

By signing this release, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material.

Full Name-Printed (Parent/Guardian if under 18): _____

Minor Full Name-Printed: _____

Phone Number and/or Email: _____

Signature (Parent/Guardian if under 18) _____ Date _____