

YUROK TRIBE EDUCATION DEPARTMENT  
Johnson O' Malley (JOM) & Success in Both Worlds Program  
PERMISSION SLIP



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**This permission slip gives your student permission to participate in the Yurok Tribe's Johnson O'Malley Program and the Success in Both Worlds Program. It also gives staff permission to speak with school personnel, teachers, resource specialists, principals and other personnel involved with your child's educational needs. This also includes access to written records, test scores, grades, behavior and attendance records the school has regarding your child's educational background.**

**The information will be held with the strictest confidence.**

STUDENT NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT HOME PHONE #: \_\_\_\_\_ WORK#: \_\_\_\_\_ CELL #: \_\_\_\_\_

PARENT EMAIL ADDRESS: \_\_\_\_\_ STUDENT EMAIL ADDRESS: \_\_\_\_\_

REQUEST TUTORING IN SUBJECTS: \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

*I realize that this permission is granted to the Yurok Tribe's JOM and Success in Both Worlds Program for the entire time that my child is enrolled in school or until their graduation from the 12<sup>th</sup> grade unless the permission is rescinded in writing to the Yurok Tribe's Education Department. This also includes summer time event.*

Initial all that apply:

\_\_\_\_\_ I give my permission for my son/daughter to be transported by the Yurok Tribe's Johnson O'Malley staff for organized fieldtrips or pre-planned events. I realize that the Yurok Tribe will inform me prior to any transportation occurring.

\_\_\_\_\_ I give my son/daughter permission to be assisted during the after school hours. The schedule will be set up with parents prior to the after school help occurring.

\_\_\_\_\_ I also give my consent to the Yurok Tribe's JOM staff to obtain emergency medical treatment in the event that it is needed for my child and I am unavailable to give this consent during a JOM event or field trip.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**PLEASE LET US KNOW WHEN THERE IS A CHANGE IN INFORMATION**

**YUROK TRIBE  
RELEASE AND WAIVER OF LIABILITY AGREEMENT**

PLEASE READ THIS CAREFULLY

I, \_\_\_\_\_ hereby declare and certify that I am the parent or legal guardian  
of \_\_\_\_\_, age \_\_\_\_\_ a minor.

I, \_\_\_\_\_ hereby release, waive and discharge the Yurok Tribe and  
all people involved with or associated by the Yurok Tribe (hereinafter RELEASEES) from any and all liability, claims,  
demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained  
by the above mentioned minor or to any property in the possession of the above mentioned minor, while participating in any  
Tribally sanctioned event or activity, or while riding in a Yurok Tribal vehicle.

I am fully aware of the risks and hazards connected with the above mentioned minor participating in such activities, including  
the risk of physical injury or disability as the result of such injury, and I hereby give my express permission for the above  
mentioned minor to participate in such activities.

I further agree to indemnify and hold harmless the RELEASEES from any loss, liability, damage, or costs that may incur due  
to the above mentioned minor's participation in said activity.

It is my express intent that this RELEASE AND WAIVER OF LIABILITY shall bind the members of my and the above  
mentioned minor's family(ies) (if applicable), if I am alive, and my and the above mentioned minor's heirs, assigns, and  
personal representatives, if I(we) am not alive, and shall deemed a release, waiver, and discharge of the RELEASEES. I hereby  
further agree that this RELEASE AND WAIVER OF LIABILITY AGREEMENT shall be construed in accordance with  
Tribal, state, and federal laws.

I understand the RELEASEES will not be held responsible for any medical costs associated with an injury the above  
mentioned minor may sustain.

**Acknowledgement of Understanding:**

I acknowledge that I have read the RELEASE AND WAIVER OF LIABILITY AGREEMENT and fully understand its terms.  
I affirm that I am allowing the above mentioned minor's voluntarily participation in said activity(ies) and further acknowledge  
that I know, understand, and appreciate the inherent risks of participation. I assume full responsibility for any and all injuries  
or damages that may occur to the above mentioned minor as a result of the inherent risks associated with participation.

I understand and agree to the **RELEASE AND WAIVER OF LIABILITY AGREEMENT** and recognize that this waiver  
will be good throughout the entire time my child is in the Johnson O' Malley Program.

Date: \_\_\_\_\_

**Participant's Name (Print):** \_\_\_\_\_

**Parent or Legal Guardian:** \_\_\_\_\_

**Parent or Legal Guardian's Signature:** \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone number: \_\_\_\_\_