



GWYD DBF

CHEROKEE NATION®



2013 Remember the Removal Trail of Tears Bike Ride Application

Note: Not all applicants will be selected. Advisory committee will make the selections. Participants need to be 16-24 years of age. No exceptions. Application deadline is March 15, 2013. Please submit completed application to: Salena Wynn, Cherokee Nation, P.O. Box 948, Tahlequah, OK 74465

Name _____ Age _____ DOB _____

Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Cell () _____

Male [] School attending _____ Grade _____

Female [] County you live in _____

Jersey Size: Shirt _____ Shorts _____ Shoes _____ Helmet _____

Genealogy:

Cherokee Nation citizenship number (from "blue card"): _____

Father's Name _____ Mother's maiden name _____

Grandparents (father's side) _____

Grandparents (mother's side) _____

Emergency Contact *(Please provide two emergency contacts)*

Name _____ Contact Number _____

Name _____ Contact Number _____

Private Health Insurance

(If injured during the Remember the Removal Bike Ride Project, this insurance will apply as primary-the project has policy limited excess coverage. Please attach a copy of insurance card (front/back) with application.

[] I do not have private health insurance

[] I do have private health insurance

Name of Insurance _____ Phone Number: _____

Cherokee Nation Media Release

I hereby allow the Cherokee Nation or its entities to use my image/my child’s image for non-commercial purposes, including publication and release to media outlets and web sites. I release, discharge, and agree to waive the Cherokee Nation and its entities from any liability for non-commercial use of my image.

I hereby represent that I am over the age of 18 years, and I have read this authorization and release prior to its execution. I have not been induced, other than by the consideration received, to execute the same by any representation or statement made by the Cherokee Nation.

Participant’s Signature

Date

Parent or Legal Guardian Signature
(If child is under the age of 18)

Date

Participant and /or Parental Waiver

I understand that my participation with 2013 Remember the Removal Bike Ride Project involves physical exercise that may be strenuous at times. This activity involves risks and injuries that may occur during the ride. I understand and agree that I should be in adequate physical condition or acquire a recommended physician clearance before engaging in this program.

I will hold harmless Cherokee Nation, its officers, directors, partners, representatives, agents, and employees from and against any and all claims, suits, liens, judgments, damages, losses, and expenses, including legal fees and all court costs and liability arising in whole or in part and in any manner from injury and/or death of any person or damage to or loss of any property resulting from my participation and from any such activities and/or during travel during this event.

If illness, injury or accident occurs requiring immediate medical attention, I or my parent/legal guardian, if I am a minor, authorized sponsoring representatives to obtain necessary treatment for my condition. *Please check one.* A copy of my insurance card is attached. I do not have insurance.

I have read this form and understand that there are inherent risks associated with any physical activity and recognize it is my responsibility to provide accurate and complete health/medical history information. Furthermore, it is my responsibility to monitor my individual physical performance during any activity.

Participant Signature

Date

Parent/Legal Guardian Signature
(If child is under the age of 18)

Date

Health History Form

(This is a required form, please complete all questions and return with application)

Name _____

Please check any and all medical conditions that apply:

____ Heart trouble
____ Kidney trouble
____ Asthma
____ Diabetes

____ Allergies
____ Fainting
____ Recurrent dizziness or headaches

Any other medical conditions [] yes [] No

If yes, please give details _____

Do you have any allergic reactions to the following? If yes, name and describe reaction, medications, penicillin, aspirin, sulfa, etc.

Food (milk, shellfish, MSG, Nuts, etc) _____

Insect bites (bee stings, wasp stings, etc.) _____

Plants (poison ivy, oak, sumac, etc) _____

When you had your last Tetanus shot _____

Other (materials, wool, etc) _____

Other health information that you would like for us to be aware of _____

Do you give us permission to provide "Over the Counter" medication, if deemed necessary? Please check [] Yes [] No

This health history is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed camp activities except as noted.

If you answered "YES" to one or more questions, you **MUST** obtain a medical clearance from a medical provider prior to your participation in this activity and submit a copy of medical clearance with your application. If you answered "No" to all questions, you have reasonable assurance that you can safely participate in this level of physical activity with possible increasing of during activity. A physical examination is not required.

I have read, understood and agree to what has been answered in this form. I am aware that there are inherent risk associated with any physical activity and recognize that it is my responsibility to provide accurate health and medical history information.

Participant signature _____ Date _____

Parent/Legal Guardian signature _____ Date _____

(Must be filled out and signed by Parent or Legal Guardian if child is under 18 years of age)

1. If selected, what or how would you give back to the Cherokee community?
2. Describe the significance of the Remember the Removal Commemorative event, and the importance in your life:

3. Trail of Tears Bike Ride

Background: Where are you coming from? What type of a background do you have? Describe your family and community, and your involvement in each. Describe any associated leadership experience. (community service, club affiliation, group projects, any leadership experience):

4. Current physical condition

Are you willing to commit to physical training and exercise? Please describe your physical fitness activities and frequency. Specifically, discuss your biking experience. Are you willing to prepare yourself physically for this experience?

5. Commitment

Please describe your commitment to the experience, and activities you plan to engage to prepare yourself for this event and committed to the process?

6. History

Do you know anything about your family history? What do you know about the Trail of Tears?

Bike Riders

(List of Items to bring on the trip if selected)

Please read carefully so you won't forget what is required to bring. Please keep this page for reference.

Appropriate clothing

- Athletic shorts and shirts
- Casual clothing in case we eat in restaurant
- Swim trunks or bathing suit
- Sleep clothes

Athletic Shoes

Toiletries

- Toothbrush
- Toothpaste
- Shampoo

PLEASE, PLEASE do not bring any items of great value (family heirlooms, anything in great monetary value). Cherokee Nation or Remember the Removal Bike Ride Staff are not responsible for lost or stolen items.

FYI: Chaperones will have cell phones in case of emergency

Thank you for your cooperation.