

The University of Maine

DigitalCommons@UMaine

General University of Maine Publications

University of Maine Publications

11-15-2021

Wabanaki Youth in Science (WaYS) wskitkamikw "earth" camp application

Wabanaki Center, University of Maine

Follow this and additional works at: https://digitalcommons.library.umaine.edu/univ_publications



Part of the [History Commons](#), [Indigenous Education Commons](#), and the [Native American Studies Commons](#)

Repository Citation

Wabanaki Center, University of Maine, "Wabanaki Youth in Science (WaYS) wskitkamikw "earth" camp application" (2021). *General University of Maine Publications*. 2242.
https://digitalcommons.library.umaine.edu/univ_publications/2242

This Form is brought to you for free and open access by DigitalCommons@UMaine. It has been accepted for inclusion in General University of Maine Publications by an authorized administrator of DigitalCommons@UMaine. For more information, please contact um.library.technical.services@maine.edu.

**WABANAKI YOUTH in SCIENCE
(WaYS) wskitkamik^w "earth" camp
July 26-30, 2021
Fourth Debsconeag
T1 R11 Maine**

Last Name:		First Name:	Preferred Name:
For housing assignments, indicate: ____ Male ____ Female *If you have questions or need an accommodation related to housing please call tish carr at 207.485.0219			Birth Date: (must be 13 or older to apply)
Student Email:		Tribal Affiliation:	
Home Mailing Address:			
Parent/Guardian Name(s):			
Parent/Guardian Address (if different):			
Parent/Guardian Phone (home):	Parent/Guardian Phone (work):	Parent/Guardian Email:	
School you will attend in Fall 2021:			
Grade during the 2020-2021 school year: ____ 9 th ____ 10 th ____ 11 th ____ 12 th ____ other (explain)			
Potential Career Interests (check all that apply): ____ Forestry ____ Sustainability Issues ____ Wildlife or Plant Ecology ____ Natural Resources ____ Climate Change ____ Bioproducts or Alternative Energy ____ Engineering ____ Economics ____ Freshwater/Marine Studies ____ Science Communication ____ Computer Science ____ Social Science or Policy ____ Environmental Science ____ Biology ____ Other (list):			
Checklist: <input type="checkbox"/> Completed and signed application (all) Those applying for the first time must include: <input type="checkbox"/> Original Essay <input type="checkbox"/> Letter of Recommendation from Counselor, Teacher, Principal, or Community Leader <input type="checkbox"/> Copy of Most Recent School Report Card		Send completed application to: WaYS Program PO Box 215 Old Town ME 04468 Email: waysprogram@gmail.com	

STUDENT AGREEMENT:

I have read this application and the description of the program, and understand the program's purposes and application criteria. I understand that earth camp is geared for current WaYS interns or those who wish to participate in the WaYS internship program in the near future and I will make every effort to continue or develop an internship after camp is completed. I also certify that the information in this application is accurate and has not been purposefully misrepresented, and that the essay is my original work. **Students understand cell phones will not be allowed. It would be best to leave phones at home! There is no reception in remote locations.**

PLEASE RETURN ALL FORMS BY JULY 16, 2021.

Student Signature: _____ Date: _____
 Parent/Guardian Signature: _____ Date: _____

**Application Essay for
WABANAKI YOUTH in SCIENCE
WaYS
wskitkamik^w "earth" camp**

In one page, tell us why you would be interested in participating in this program, and about your interests and potential career goals as they relate to science, technology, engineering, or math (STEM), environmental sustainability or forest resource issues. For you, how does science relate to culture?

Please include your cultural interests as well.

Essay if for new students only. Returning students need not complete.

Name: _____ School: _____



Supported by National Science Foundation awards to Maine EPSCoR at the University of Maine.

The University of Maine does not discriminate on the grounds of race, color, religion, sex, sexual orientation, including transgender status and gender expression, national origin, citizenship status, age, disability, genetic information, or veterans status in employment, education, and all other programs and activities. The following person has been designated to handle inquiries regarding nondiscrimination policies: Director, Office of Equal Opportunity, 101 North Stevens Hall, 207.581.1226.

Recommended equipment and items for WaYS's Camp

Below are required and recommended items for mini camp.

I. Personal belongings

A. Belongings for overnight stays

1. Sleeping bag/pillow - PLUS one or two wool blankets if planning to sleep in the shelter!
2. Towels
3. Bathroom articles
4. Flashlight with extra batteries
5. **Plate, cup, bowl, utensils (you will be responsible for your own gear (i.e. washing and keeping track of!) – this is important as there is nothing at the Huts!**
6. Bug dope

B. Clothing for an outdoor class

1. Sturdy, waterproof boots or comparable footwear
2. Long pants – WEAR THESE TO ALL FIELD ACTIVITIES
3. Rain gear – we go out, rain or shine!
4. Warm jacket
5. Work gloves
6. Warm Hat
7. Extra socks

Equipment Provided for the duration of mini camp (If you have your own, feel free to bring what you have.)

- C. A **clipboard** is needed for data sheets, 8.5" X 11". Get a clipboard with a cover or be prepared to use a plastic bag when it rains.
- D. Use **pencils** for writing in the field.

Smoking is not permitted in buildings, vehicles, or forest.

Note: If you are allergic to insect bites and/or stings, please notify John Neptune or tish carr and bring necessary medication. If you have allergies of any kind, please notify John or tish!

If you have any questions, please contact tish carr at 207-485-0219 or John Neptune at 207.659.3490. You can also email at waysprogram@gmail.com.

Wabanaki Youth in Science (WaYS)
WaYS Program Participation Permission, Agreements, and Health Form

All participants of Earth-Camp and Internships must complete this form

Name of Activity: _____ **Date:** _____

Section I - Participant: *Please read this form carefully, provide all requested information, and sign and date the bottom of this page.*

Name: _____
Last First Middle initial

Mailing Address: _____

Town, State, Zip: _____

Telephone: (_____) _____ Email: _____

Birth Date: (MM/DD/YYYY) _____ Age: _____

As a participant in this program, I understand that I represent myself, my family, the Penobscot Nation, and all Wabanaki Youth in Science participants, volunteers and staff. Therefore, by my signature below, I agree to:

1. Participate fully in this program.
2. Follow all schedule times including curfew and wake-up hours; to be where assigned, when assigned.
3. Follow the dress code established for this program/event.
4. Uphold the highest standards of behavior, manners and language.
5. Refrain from using alcoholic beverages, non-prescribed or illegal drugs, tobacco products, or fireworks.
6. Respect the rights of others at all times and make every attempt to include all participants in all activities.
7. Leave the facilities in the same condition or better than I found them when I arrived.
8. Support and follow all leadership and direction received from coordinators, chaperones and any other adult authority.
9. Respect the personal space and property of others in all settings including during overnight programs.
10. Seek assistance and support from adult chaperones on behalf of myself or others should a situation arise that warrants adult intervention or makes me feel uncomfortable.

I understand that if I break this agreement, I must accept the consequences of my actions, which might include a loss of privileges during this program, loss of program privileges in the future, and/or immediate dismissal from this program.

Signature: _____ Date: _____

Section II – Parent/Guardian: *Please read carefully, provide all requested information, and sign and date this section.*

Parental Statement

My son/daughter/ward has my permission to participate in this program and/or internship. Should my son/daughter/ward require medical attention while participating in this program and/or internship, I hereby give my consent for physicians to provide necessary medical treatment and I understand and agree that I will pay the cost of any such medical treatment.

Furthermore, I have read and understand the statements my son/daughter/ward has agreed to in Section I and support this agreement. I realize that I am personally responsible for my son/daughter/ward while he/she is attending this program and/or internship. I understand and expect that should my son/daughter/ward break this agreement and the adult coordinators find it necessary to dismiss him/her from this program and/or internship, that I am responsible for his/her transportation home.

Signature: _____ Date: _____

Print Name: _____

Telephone: day (_____) _____ evening (_____) _____

Mailing Address if different from Participant's: _____

Section III – Participant Health Information: *Please read carefully and provide all requested information.*

Family Physician: _____ Telephone: (_____) _____

Insurance Company: _____ Policy Number: _____

Date of last tetanus shot: _____

Are there any allergies, medications or medical conditions of your child which you want to make us aware to better serve your child or in case of emergency? If yes, please list: _____

Emergency Contact Information:

In case of emergency, please provide two contacts below.

First Contact

Name: _____

Relationship to Participant: _____

Day Phone: _____

Evening Phone: _____

Second Contact

Name: _____

Relationship to Participant: _____

Day Phone: _____

Evening Phone: _____

Section IV – Release and Assumption of Risk* Agreement: *Please read carefully, provide all requested information, and sign and date where indicated on this and the next page.*

I, _____ (name), of _____ (address), being _____ years of age (having been born on _____), acknowledge, declare and agree as follows:

1. That I have voluntarily agreed to participate in the WaYS Program, (the “Program”) from _____, 20__ to _____, 20__, and in consideration of being permitted to participate in the Program, do voluntarily execute this “Release and Assumption of Risk” on behalf of myself, my heirs and next-of-kin, my personal representatives and my estate.
2. That I have been fully informed of the nature, scope, and demands of the Program, and I understand that the Program may include activities which could be dangerous to me and other participants and which could cause property damage, bodily injury, and/or death.
3. That the Wabanaki Youth in Science (WaYS) program (hereinafter referred to as the “WaYS”) has informed me that there may be dangers and hazards inherent to participants in the Program because of the activities involved, and that I personally recognize and appreciate that such dangers and hazards exist. I accept and assume full responsibility for all harm and injury, of every nature, including death, which may occur to me or which I may suffer or cause to others, and for all damages or loss to any real or personal property owned by me or damaged by me, while I am participating in the Program and during all travel and transportation, and, in furtherance thereof, I agree to indemnify, hold harmless and release WaYS, its Board Members, employees, volunteers and agents, the Penobscot Nation, it’s employees, representatives or agents from and against any and all claims, demands, actions or causes of action, on account of damage or loss to my real or personal property, my personal injury or death, or the personal injury, death or damage to real or personal property of others caused by me, which may occur or result directly or indirectly from my participation in the Program and not as a direct result of any negligent act of the employees, volunteers or agents and the Penobscot Nation.
4. I declare that I am able to physically withstand and cope with the indicated rigors of the Program with or without a reasonable accommodation. If an accommodation is needed, I will contact tish carr at 581-1417.
5. This “Release and Assumption of Risk” shall be construed and interpreted pursuant to the laws of the State of Maine, and if any portion thereof is held invalid, void, unenforceable or illegal, the remainder shall continue in full force and effect.

I DECLARE THAT I COMPLETELY UNDERSTAND AND HAVE FULLY INFORMED MYSELF OF THE TERMS AND CONDITIONS OF THIS “RELEASE AND ASSUMPTION OF RISK” BY HAVING READ IT, OR HAVING IT READ TO ME, BEFORE SIGNING AND I INTEND TO BE FULLY BOUND THEREBY.

Assented and agreed to on this _____ day of _____, 20__.

Signature of Participant

I, _____, the parent or legal guardian of _____, agree, in consideration of my child being permitted to participate in the Program, to be bound by the terms of this Release and Assumption of Risk and hereby indemnify, hold harmless and release WaYS, its Board Members, employees, volunteers and agents, the Penobscot Nation, it's employees, representatives or agents, in the same manner and with the same force and effect as set forth in section 3 above with regard to my child participating in the Program.

Signature of Parent or Guardian
(if participant under the age of 18 years)



Supported in part by National Science Foundation awards to Maine EPSCoR at the University of Maine.

The University of Maine does not discriminate on the grounds of race, color, religion, sex, sexual orientation, including transgender status and gender expression, national origin, citizenship status, age, disability, genetic information, or veterans status in employment, education, and all other programs and activities. The following person has been designated to handle inquiries regarding nondiscrimination policies: Director, Office of Equal Opportunity, 101 North Stevens Hall, 207.581.1226.

Agreement, Waiver and Release of Liability for the use of Canoes, Kayaks, Paddleboards, and Related Watersports Equipment

This is a Boat (Canoe/Kayak/SUP) and Equipment Use Agreement between "MAINE HUTS & TRAILS," and the undersigned, herein called, "USER." This agreement also constitutes a Waiver and Release of Liability, whereby the USER agrees to release, discharge, hold harmless, defend and indemnify MAINE HUTS & TRAILS and its employees, subcontractors and agents from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or any other claim which may arise out of USER's use of Boats or Equipment, premises or facilities or USER's participation in paddle sports activities.

By signing this document, USER acknowledges that he/she specifically understands he/she is releasing, discharging and waiving any claims or actions that he/she may have at the present time, or in the future, for the negligent acts, omissions or other conduct by the employees, subcontractors or agents of MAINE HUTS & TRAILS.

1. USER shall obey all applicable state, federal, and local regulations, laws, ordinances, and lawful directives from appropriate emergency or law enforcement personnel, while using Boats or Equipment from MAINE HUTS & TRAILS. USER is solely responsible for any citation or violation occurring during the use of, or as the result of using, Boats or Equipment from MAINE HUTS & TRAILS. USER agrees not to disturb wildlife while using Boats or Equipment from MAINE HUTS & TRAILS.
2. USER represents that he/she is capable of safely operating and handling the Equipment and finds it in good working order, condition, and repair. USER acknowledges that he/she is responsible for carrying all Boats and Equipment to and from the put-in. USER represents that he/she has adequate skills, knowledge and experience to safely complete the planned activity and that adequate preparations have been made to ensure safe completion of trip.
3. USER shall bear all risk and responsibility of and for any and all damage, loss or theft of the Boats and/or Equipment, or any portions thereof, including, but not limited to vandalism or theft, and shall pay MAINE HUTS & TRAILS the full cost of repair or replacement.
4. USER shall return Boats and Equipment in the condition in which they were received. Upon return, USER must rack Boats (emptying out all water and trash) and store Equipment properly. Minimum charges for repairs, labor, and cleaning will be applied in the event that Boats or Equipment require repair or excessive cleaning. USER agrees to use all Boats and Equipment for its designed purpose only.
5. **RECOGNITION OF RISK:** USER expressly acknowledges that activities associated with the use of Boats and Equipment involves inherent risks of injury to persons and property. **USER IS AWARE OF THOSE RISKS AND UNDERSTANDS THEM.** USER acknowledges that Safety Equipment (e.g. Personal Floatation Devices/Life Jackets) are made available and that **ALL USERS ARE REQUIRED TO USE SUCH SAFETY EQUIPMENT AT ALL TIMES WHILE USING BOATS AND EQUIPMENT.** USER understands that use of such Safety Equipment does not remove all risks of injury; nor does it make paddle activities safe. USER alone has determined the sufficiency of any safety gear or other precautions that USER decides to take in order to minimize the risks of the activity. No party related to MAINE HUTS & TRAILS, including employees, subcontractors and agents, has made any representations regarding the safety of, or the risks of, such activities. **USER EXPRESSLY ASSUMES THE RISKS OF THE ACTIVITY.**
6. **RELEASE OF LIABILITY:** USER hereby RELEASES MAINE HUTS & TRAILS, its employees, subcontractors and agents from liability for negligence and HOLDS HARMLESS MAINE HUTS & TRAILS, its employees, subcontractors and agents from any loss, expense or cost, including attorney fees, arising out of any damages or injuries, whether to persons or property, occurring as a result of the use of said Boats or Equipment.

This agreement constitutes the entire agreement between MAINE HUTS & TRAILS and USER with regard to the use of Boats and/or Equipment and no term may be waived or modified (including provision against oral modification) except in writing signed by both parties. There are no warranties, expressed or implied, by MAINE HUTS & TRAILS to USER, except as contained herein, and MAINE HUTS & TRAILS shall not be liable for any loss or injury to USER nor to anyone else, of any kind or however caused. This agreement is one of bailment only and USER is not a MAINE HUTS & TRAILS agent while using said Boat(s) or Equipment. The laws of the State of Maine shall govern this agreement.

NON COMPLIANCE WITH THE ABOVE AGREEMENT MAY RESULT IN CHARGES FOR LOSS OR DAMAGE.

By signing below, USER certifies that he/she has read and understands the above and acknowledges and agrees to the terms and conditions as stated.

Signature of USER

Date

Name of USER (please print legibly)

Date of Birth

FOR USERS UNDER 18 YEARS OF AGE, SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED.

By signing below, I certify that I am the parent/guardian of the Minor who has signed this Agreement. I certify that I have read the Agreement and that I understand the above and acknowledge and agree to the terms and conditions as stated. As the parent/guardian of the above signed, I confirm that the Minor's date of birth, listed above, is correct.

Signature of Parent or Guardian

Date

Name of Parent or Guardian (please print legibly)

Phone Number



CELL PHONE RELEASE FORM

I, the undersigned, understand that the Wabanaki Youth in Science (WaYS) program does not recommend that I bring my cell phone or any electronic equipment to WaYS camp. If I do bring electronic equipment, WaYS will require I turn the electronic equipment over for safe holding during the camp event.

Staff will provide daily updates to parents/guardians that have provided working email addresses.

Agreed and accepted by:

Print name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Signature: _____ Date: _____



MEDIA RELEASE

I, the undersigned, hereby give permission to Wabanaki Youth Science (WaYS) program to photograph, take video footage, and/or make electronic sound recordings of me. I authorize the use of any such photographs or recordings of me for any purpose that may be deemed appropriate by the WaYS program.

I understand that I may be identifiable from such media.

Agreed and accepted by:

Print name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Signature: _____ Date: _____