



Application for Anishinaabe Culture Skills Camp

October 16-19, 2025

The Anishinaabe Culture Skills Camp hosted by the Leech Lake Division of Resource Management is a gathering of mentors and youth who are interested in exploring the traditions and culture that are tied to the Ojibwe who call Leech Lake their home. This camp will introduce youth to methods of hunting White-tailed deer, Ruffed Grouse, Ducks, setting and cleaning nets, as well as learning from Elders the importance of these activities as they relate to who we are as Anishinaabe. Food and supplies are all provided.

This program is accepting 20 youth applicants. Preference will be given to Leech Lake Band Members. Applicants **must complete a firearm safety course** before the start of camp and attach a copy of their firearm safety card to the application or indicate training dates if currently signed up. DRM CO, Jamie Mitchell, will host a firearm safety class **October 6-9th, with a mandatory field day on October 11th**. If the applicant cannot make the in-person class, they can take the instruction portion online through MN DNR and attend the mandatory field day on October 11th. Information regarding the online firearm safety class can be found at:

<https://www.dnr.state.mn.us/safety/firearms/index.html>.

We highly encourage both young men and women to apply. There will be both female and male mentors for all activities. **Applications will be accepted until October 3rd 4pm.** Please call Jamie Mitchell, 218-368-4767, with firearm safety questions and Tanya Roerick for Camp questions, 218-513-3312.

Please scan and email applications to leechlakewildlife@llojibwe.net or mail applications to Leech Lake Band of Ojibwe – Division of Resource Management, Anishinaabe Culture Skills Camp Attn: Tanya Roerick, 190 Sailstar Dr. NW, Cass Lake, MN 56633. You may also drop off applications or apply in person at the DRM office at 15756 State Hwy 371 NW, Cass Lake, MN 56633

For additional information or questions please contact: Tanya Roerick (218-513-3312), Alyssa Sheffield (218-838-0025), or Jamie Mitchell (218-368-4767).

Products and supplies for camp are made available through NRCS and Leech Lake Division of Resource Management in partnership with Leech Lake A&D Program and Leech Lake Diabetes Clinic.



LEECH LAKE BAND OF OJIBWE
PARENT CONSENT FOR CHILD'S VOLUNTARY EVENT PARTICIPATION,
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

All persons making the event or excursion shall be deemed to have waived all claims against the Leech Lake Band of Ojibwe for injury, accident, illness, or death occurring during or by reason of the event or excursion.

Host: Leech Lake Division of Resource Management Staff: Tanya Roerick, Alyssa Sheffield, Nathan Pyburn, Jamie Mitchell, Jeff Harper Dates: October 16-19th, 2025

Event Destination: Pigeon Dam Campground

Event Itinerary: Anishinaabe Culture Skills Camp

Applicant's Name: _____ Age: _____
Last First Middle

Physical Address: _____ Phone: _____
Number/Street City Zip

Mailing Address: _____ Phone: _____
Number/Street City Zip

District: _____ Community: _____ Will your child need transportation: _____

Tribal Affiliation: _____

Father/Guardian Name _____ Phone: _____
Employer: _____ Phone: _____
Name City

Mother/Guardian Name: _____ Phone: _____
Employer: _____ Phone: _____
Name City

EMERGENCY Contacts: 1. _____ Phone: _____

(If unable to reach parent) 2. _____ Phone: _____
Names/Relationship

Doctor's Name: _____ Phone: _____

Name of Medical Insurance Carrier: _____ Phone: _____
Policy Number _____ Effective Date: _____

FIELD TRIP RELEASE WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

By signing below, I give consent to have my child _____ voluntarily attend this event.
(Please fill in child's name)

I understand that this event is not a required activity of my child.

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE LEECH LAKE BAND OF OJIBWE, its officers, employees, board members, and agents (herein referred to as "releasees") from all liability to my son/daughter/ward. The undersigned, their personal representative, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on the account of injury to the person or property of, or resulting in death of my son/daughter/ward, while my son/daughter/ward participates in an event or excursion that is sponsored, planned or directed by the **Leech Lake Band of Ojibwe**.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost I/we may incur due to the participation of my son/daughter/ward in an event or excursion that is sponsored, planned or directed by the **Leech Lake Band of Ojibwe**.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE while my son/daughter is participating in a field trip or excursion, sponsored, planned and directed by the Leech Lake Band of Ojibwe; and
4. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I, THE UNDERSIGNED HAVE READ, UNDERSTAND AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Signature of Parent or Guardian

(Please continue to other side)

Date

LEECH LAKE BAND OF OJIBWE
PARENT CONSENT FOR CHILD'S VOLUNTARY EVENT PARTICIPATION,
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

APPLICANT HEALTH HISTORY FOR EVENT PARTICIPATION:

Applicant Name: _____ Birthdate: _____
Last First Middle

1. To the best of your knowledge has your child been exposed to a communicable disease within the past 21 days?
Yes No

2. Does your child have any of the following health problems? Please Indicate **yes** or **no** & dates if applicable.

| | | | | |
|----|--|-----|----|-------|
| a. | Operations or serious injuries in the past two years | Yes | No | _____ |
| b. | Chronic or recurring illness | Yes | No | _____ |
| c. | Recent broken bones | Yes | No | _____ |
| d. | Asthma | Yes | No | _____ |
| e. | Heart disease | Yes | No | _____ |
| f. | Hay fever | Yes | No | _____ |
| g. | Fainting spells | Yes | No | _____ |
| h. | Hernia (rupture) | Yes | No | _____ |
| i. | Seizures (Epilepsy) | Yes | No | _____ |
| j. | Diabetes | Yes | No | _____ |
| | Other physical conditions or diseases | | | _____ |

3. Date of most recent Tetanus shot _____
4. Does your child have any drug or other allergies? (Insect bites or stings, penicillin, plants or pollens, foods, etc.) _____

5. Medications child takes (Type of Medication, reason, dosage and frequency, name of prescribing physician): _____

6. If you have any concerns regarding your child's physical ability to participate in this activity, it is advisable for your child to have a physical examination.

7. If your child takes any medication that must be administered during the field trip, you must make staff aware of this need.

FIELD TRIP RELEASE OF LIABILITY AND CONSENT TO EMERGENCY MEDICAL TREATMENT

The above health history is correct so far as I know, and I consent and grant my permission for my son/daughter/ward to engage in all described activities. Except as noted by me, my child is physically fit to participate.

I (we) the undersigned parent, parents, or legal guardian of _____, a minor do hereby consent that he/she be permitted to attend the Anishinaabe Culture Skills Camp on October 16-19th, 2025 and should the need arise, do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis and treatment rendered under the general or special supervision of any member of the medical staff or emergency room staff under the provisions of the Medical Practice Act or dentist licensed under the provisions of the Dental Practice Act or the staff of any acute general hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required and is given to provide authority and power to render any care, which the medical provider in the exercise of his/her best judgement may deem advisable. It is understood that an effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. I will not hold liable the **Leech Lake Band of Ojibwe**, its officers, or employees for medical aid rendered and will reimburse the **Leech Lake Band of Ojibwe** for all medical or other expense incurred in the care of my son/daughter/ward. This authorization is given pursuant only for the event and date listed above.

In order that my son/daughter/ward may receive the necessary medical treatment in the event of any injury or illness, I hereby hold the Leech Lake Band of Ojibwe and its representatives harmless in the exercise of this authority.

Signature of Parent or Guardian

Briefly describe the applicants experience with camping, hunting and fishing on Leech Lake Indian Reservation.

Is there anything you would like to share with us about your child?

VIDEO RELEASE FORM

I, _____, hereby grant permission to LEECH LAKE BAND OF OJIBWE, the rights of my image, in video or still, and of the likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. 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 any 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;
- News (Press);

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

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

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 for educational purposes.

Full Name _____

Street Address/P.O. Box _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Email Address _____

Signature _____ Date _____

If this release is obtained from a presenter under the age of 19, then the signature of that presenter's parent or legal guardian is also required.

Parent's Signature _____ Date _____