

Fort Robinson Outbreak Spiritual Run | Chaperone, Driver, and Support Form 2024

All questions requiring a signature must be signed in order for your application to be valid. If you have questions, reach out to:

Yellow Bird Life Ways Center
P.O. Box 1138 Lame Deer, MT 59043
Tel. (406) 477-8781
www.yellowbirdlifeways.org

Name (please print) Age Gender If applicable/ place of employment

Telephone # Email Address

Address City Zip Code

Do you have any serious medical conditions or take any medications? If so, list and explain.

Any serious allergies to food, medications, etc.? Please list and explain.

Have you participated on the run before? Please circle Yes/No

In what capacity? _____ What years? _____

Have you ever been convicted of any violent crimes or crimes against children? Yes/No

If so, please list? _____

If Driver, have you been convicted of DUI? _____ If so, DUI date? _____

It is our utmost priority to create safe and inclusive spaces for our youth, chaperones, support and drivers. Chaperones, Drivers, and Support that identify as two-spirit or trans have the opportunity to request rooming and other accommodations that create a safe and comfortable space. Please list your preferred accommodations here (single room, rooming with family, other support, etc).

If this does not apply to you or your identification, please continue to the next question.

T-shirt / Hoodie size, Unisex: (Circle one)

XS S M L XL XXL XXXL

Participation Agreement and Release | Drivers, Chaperones & Support

I hereby commit to chaperone and participate in the Yellow Bird 400-Mile Spiritual Run. I understand that I am expected to participate through the duration of the run from January 8-14, 2024. I understand that Yellow Bird Life Ways Center and the Spiritual Run promote spiritual healing and healthy lifestyles and therefore I commit to remaining drug and alcohol free. I understand I must set the example and administer the rules and guidelines throughout the entire run. I understand and have signed the chaperone/driver Rules and Guidelines. I agree as a chaperone/volunteer that I must participate in the Medicine Wheel Model Team Building Trainings when offered.

I hereby Release, Waive, Discharge and Agree to Hold Harmless and Indemnify Yellow Bird Life Ways Center, the Organizers, Committee, and Sponsors of the Spiritual Run from all liability, injury, death, and damages I may incur while participating.

I hereby release any, but not limited to photographs, audio and/or video recordings that may be taken of me to Yellow Bird Life Ways Center and understand that they will become the property of Yellow Bird Life Ways Center. I understand and agree this material may be used on social media, as footage for a documentary, and/or for outreach education and to fundraise for Yellow Bird Life Ways Center. I also understand and agree that if I personally take photos or video recordings that I will only use them for personal use, unless express written permission is granted by Yellow Bird Life Ways Center.

I hereby agree, in case of Medical Emergency, to be transported and treated at a Medical facility. I have carefully read and understand the foregoing release.

Signature: _____

Date: _____

Agreement | Drivers, Chaperones and Support

I agree to, and fully understand, the following terms of this agreement:

1. I understand that as a Chaperone/Driver I am representing the Yellow Bird 400 Mile Spiritual Run as a volunteer unless other agreements have been made.
2. I agree to work in unison with the Coordinators to ensure the event promotes a drug and alcohol free environment, safety and unity.
3. I understand and agree that as a Chaperone/Driver I must set a positive example for all the participants.
4. I understand that any disputes will be discussed among Team Leaders and Coordinators. The Coordinators will make the final decision.
5. I understand that as a Chaperone/Driver it is my responsibility to oversee the youth that are on the run.
6. I understand that it is my responsibility to make sure the rules and guidelines are adhered to by the youth and the runners keeping in mind working with the youth in a circular manner (MWM training).
7. I understand that in the evenings there will be a mandatory meeting for Chaperones/Drivers and Team Leaders. All concerns and incidents must be reported and discussed at that time. Those that are running into the night will be excused from this meeting.
8. I understand and agree that the vans must be kept in good condition. Garbage must be cleaned out daily. I will ensure that no damage is done to the vans.
9. I understand that safety of all participants is of utmost importance.
10. I understand that as a Driver/Chaperone I am responsible for the van I am assigned.
I will provide a copy of my driver's license.
11. I fully understand that we are a team and I will not take the van and leave the run before we reach our destination.
12. I will participate in the Medicine Wheel Model Team Building Training on **Sunday January 7th, 2024 11-4pm.**

Chaperone/Driver Signature: _____

Date: _____

Fort Robinson Run Health and Safety Agreement | Drivers, Chaperones and Support

I agree to...

- Get tested for COVID-19 we have Rapid Test onsite
- Get my temperature & symptoms checked two times a day morning and evening.
- Wash my hands regularly
- Masks will be provided throughout the run if needed
- Follow social distance protocols
- Be mindful of contact with anyone outside of our group
- Use hand sanitizer regularly
- Vans will carry up to 9 runners plus driver & chaperone (11 total)
- There will be no more than 4 people per hotel room
- Clean and disinfect surfaces and equipment after they've been touched
- Immediately take distancing and departure action if I start to feel sick
- Immediately separate any runners who notify me that they feel sick
- Discourage sharing of objects (drinks, food, etc.)
- Communicate the health and safety guidelines to runners daily

I understand that...

- Due to the COVID-19 pandemic, I understand that participation and selection will be limited this year based on those who fully commit to the responsibility and safety measures
- COVID-19 symptoms include: fever, chills, cough, shortness of breath / difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea
- If I develop symptoms or a temperature of 101 degrees Fahrenheit or above, I will no longer be able to participate.
- Immune support and boosters (including traditional medicines) will be provided
- Emergency vehicles will be on hand to transport anyone who feels sick
- Emergency medical personnel will be on the Run

The Health & Safety Policies were designed working closely with the following sources.

Sources: [Guidance for COVID-19 | CDC Coronavirus \(COVID-19\) \(mhsa.org\)](#)

Chaperone/Driver Signature: _____

Date: _____