

Participant Agreement Form

Dear Participant ,

We are glad you have chosen to take this year's Design Course. We will do our best to make this an informative, educational experience these next (13) days .

The Camino De Paz has generously allowed the use of their campus/ farm. Traditional Native American Farmers Association would like to stress we are all guest of Camino De Paz, school, farm, home, please respect all wishes of Camino De Paz staff.

The Traditional Native American Farmers Association and Camino De Paz are not responsible for any accidents or injuries during your attendance of this course. All participants must have health insurance in case of an emergency or accident.

Participants responsibilities; all participants are required to assist with group preparation of meals , kitchen , bathroom and other campus cleaning duties. A sign up sheet will be provided as needed throughout the duration of course. Participants are required to provide their own dishes, cups and eating utensils.

The campus of Camino De Paz is a **drug and alcohol free zone.**

There is to be no illegal drugs or alcohol in any amounts allowed on the campus / farm of Camino De Paz. Nor will anyone be permitted on the premises under the influence of illegal drugs or alcohol. If anyone is caught with or under the influence, they will be turned over to the proper authority, and be expelled from the remainder of the course and registration fees will not be reimbursed. Additionally during any site visits and field trips the host community, institution, home or other facility is not responsible for any accident or injury to student, the student is fully responsible for accident or injury .

Participant Agreement Form 2019

Participant Agreement form ISCDC TNAFA

I _____ agree with all the terms stated above, and will give respect to the farm, campus, home of Camino De Paz and the Traditional Native American Farmers Association.

Signature _____

Print Name _____

Date _____

Contact information in case of accident or emergency.

Name _____

Phone # _____

Cell phone # _____

Alternate Cell phone # _____

Email _____

Please print clearly