PRIMARY FOCUS: Through a three day summer program, motivated youth will participate in the SGU Horse Camps to increase their knowledge and experience of the Lakol Wicoun, and to learn how to interact culturally with and care for our relatives, the Sunkawakan Oyate, (Horse Nation) to improve Wicozani (Health and well-being.)

OUTCOMES:

- Youth will learn, practice, and identify Lakota values of Ohitika (courage), Wowacintanka (fortitude), Woksape (wisdom), Wacantognaka (generosity), Waohola (respect), Waunsila (compassion) and Wowahwala (humility) in everyday life. These will be processed daily.
- Youth will increase their knowledge and experience of Mitakuye Oyasin through Lakota Language, History/ Culture, Spirituality and Traditional Practices (Lakota Creation Story, oral history, wocekiye, Lakota greetings, relative terms, woman's teachings, etc.)
- Youth will increase self-awareness and understanding of healthy relationships/effective communication through team-building activities, Lakota teachings (gender specific) and by working daily with our relatives, Sunkawakan Oyate.
- Youth will complete a Lakota art project to express their artistic identity.
- Youth will apply new knowledge in real-world situations.
- Youth will share in decision-making whenever possible (develop ground rules)
- Youth will understand, experience and strive to maintain good work ethic (be on time, good attendance, good communication skills, willing to learn, good listener)
- Youth will gain confidence in their ability to be better communicators with their peers and their relatives the Sunkawakan Oyate.
- Youth will learn to take care of and ride the Sunkawakan.
Can you provide transportation for child?  ____yes  ____no  Caregivers are expected to provide transportation. If not possible please give directions for pickup & return below:

Name: ___________________________  __________________________  Date of Birth: ___/___/_______  
First                    MI                        Last  Month/Day/Year
Address: __________________________________  ________________________  __________  
Town                                           Zip
Phone: Home:__________________  Cell:________________  Work:_____________________  Message Phone:__________________
School:________________________________________  Grade as of 8/2024:__________
Please describe any physical handicaps, disabilities or medical issues, such as Diabetes, asthma, allergies, etc.:__________________________________________________________  
___________________________________________________________________________  
Camp Rules: 1. Come on time and stay till end of session. Come every day.  
            2. Follow COVID CDC Guidelines for camp. (Symptom check, temperature  
Check, hand washing.)
            3. Respect other campers, horses, staff and tack (horse equipment.)
            4. Do not play on or around ranch vehicles, trailers, mowers or tractors.
            5. Listen to teachings, safety rules and participate in camp activities.
            6. Stay with the group. Do not wander off.
            7. Tell Adults if there is a problem.
            8. Have fun!
I agree to abide by Camp rules, safety rules, wear proper clothing (Jeans, T-shirts, Boots (provided at camp.)
Youth Signature: __________________________________________  Date:______________  
Parent Consent Signature: __________________________________   Date: ______________
Name of Applicant: ______________________________________________________  
SGU TIWAHE GLU KINI PI SUMMER SUNKA WAKAN OYATE GIRLS CAMP  
RELEASES AND AGREEMENTS

• I/We, the undersigned, agree to the terms set forth in this release. If every effort has been made to reach the parent/guardian of the below named child, and immediate medical care * is deemed necessary, I/We, the
*Please indicate where child is authorized to receive Medical treatment in an emergency:

Facility Name: __________________________________ Provider Ph #_____________

- If my/our child becomes disruptive and/or is causing a hardship for the rest of the group and TGKP staff has tried to intervene with the child to attain acceptable behavior, TGKP staff has the permission of the child’s parent(s)/guardian(s) to take appropriate action including sending the child home. I understand that I am fully responsible for retrieving my child from the camp.
- TGKP is not liable for theft or loss of any personal items. Please do not bring jewelry, wallets or other items of value to camp.
- You may not use cell phones during sessions. You may only use during breaks. No Texting, phoning/FB/TikTok, etc. are allowed during sessions. Camp staff carry a cell phone for use in case of emergency. Cell phones can be locked in office for safety.
- The youth/participant agrees to remain drug, alcohol and tobacco free during the camp.
- Please do not send child to camp with ANY contagious illness, such as a fever, cold, flu, infection or rash.

I give permission for my child to participate in the TGKP summer Sunkawakan Oyate Girls camp, and my child and I agree to the terms set forth above.

Parent/GuardianDate

Child/YouthDate

Name of Applicant: _____________________________________________________

Risk & Liability Waiver: I understand and assume all dangers (hazards or perils) and risks associated with this program and activities and waive all claims or causes of action arising from my participation in the TGKP Ranch activities and do hereby release the SGU TGKP, all persons and agents, from liability which I may ever have against TGKP, its successors and assigns, its officers, employees, volunteers, agents and their heirs, executors and assigns. Furthermore, I give my consent to the instructors, facilitators or other medical personnel to treat me/child in a medical situation. My signature on this document is also intended to bind my successors, heirs, representatives, administrators and assigns.

____________________________________  _____________________________
Signature of Participant Printed Name of Participant Date
Media Authorization, Release and Clearance

The Undersigned, without compensation, hereby authorizes SGU Tiwahe Glu Kini Pi and Association of American Indian Affairs to record the voice and/or photograph the likeness with still camera, motion picture camera, and television camera. These photos will and can include but are not limited to cellular phones, digital, film, video still.

______________________________  _____________________________  ____________
Signature of Participant  Printed Name of Participant  Date

If under 18, Signature of Parent/Guardian: ____________________________________________

Printed Name of Parent/Guardian: ____________________________  Date: ____________

The undersigned hereby authorizes SGU Tiwahe Glu Kini Pi (TGKP) and Association of American Indian Affairs (AAIA) to use said voice, likeness or representation in appropriate media outlets for the public and scientific community and Tiwahe website so long as such use is in keeping with established standards of good taste.

___ I authorize TGKP and AAIA to use the photo/likeness of the above named on their website without identification.

___ I authorize TGKP and AAIA to use the photo/likeness of the above named on their website with identification.

NOTE: Visual/recordings will be in the public domain & may be reproduced without further permission.

______________________________  _____________________________  ____________
Signature of Participant  Printed Name of Participant

If under 18, Signature of Parent/Guardian: ____________________________________________

Printed Name of Parent/Guardian: _________________________________________________