

LONGEST WALK 5 - 2017

WALKER'S PACKET

Our Mission is to walk across this country on foot seeking ways to halt drug abuse and domestic violence. We will continue to call attention to and seek guidance on the issues that are causing devastation on Indian Reservations and communities in the United States. Along the journey we will work with communities, hold gatherings and collect information on ways to heal our people and the earth in an attempt to get the bigger picture of the issues. The information will be used to help determine what we must do to help halt this devastation. This effort will help prepare a new generation of Native leaders and community leaders to help guide us to a better future.

To Commit to the Walk:

1. Please review our plans to walk across this country.
2. Carefully consider and assess your capabilities.
3. Complete this Walker's Packet, including the Participant's Application, the Oath, and the Waiver of Liability.
4. Call Ana Jacome - (619) 577-5236 to finalize your arrangements.

Your assistance and cooperation is necessary to ensure that the mission of the Longest Walk 5 is completed. You must commit to walking every day to complete the full path. Walkers will have duties to perform daily in addition to walking. You must be prepared to assist other members in their spiritual quest to reach their destiny and our destination.

We invite those who are unable to commit to the cross-country walk to join us at events in your community, and to support our efforts.

For more information, contact Ana Jacome - (619) 577-5236

Participant Application Form

Please complete all sections. Please print clearly.

First Name	MI	Last Name
Mailing Address		
City	State	Zip
Home phone ()	Work phone ()	Cell phone ()
E-mail	Date of birth	
In general, would you say your health is		
<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Do you use an assistive device for walking (i.e. a cane)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please briefly describe your current activity level and any physical limitations and/or health conditions you might have that would influence your participation in this program.		
In case of emergency, please call:		
Name:		
Phone:		
Relationship to you:		

Individual Oath and Declaration

The Longest Walk Five – Phase Two, 2017

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Individual Oath: I have looked at the plans to walk across this country and after careful consideration and assessment of my capabilities, I pledge my whole support to aid, assist and vow my cooperation to ensure the mission of the Longest Walk 5 is completed. I further pledge and understand the need to assist other members in their spiritual quest to reach their destiny and our destination. I understand I must commit to walking every day to complete the full path. I further understand I will be giving duties to perform daily in addition to walking. Along with signing the oath I will also sign the accident waiver and release of liability form. I will fully participate in the duties and rules to make the Longest Walk 5, 2017 successful.

Duties

Lodging leader

Daily route and event scheduler

Press release writer and media contact

Emergency contact information for each location

Daily log of location and host names

Distributor of thanks you certificates to all hosts and sponsors

Daily photos of walk and gatherings

Daily log of events

Facebook posting and monitoring

Weekly blog

Clean Up

Pack up

Online Patch and T-shirt Sales

Rules

No Drugs or Alcohol

Each member will receive a daily responsibility to perform. If you fail your role you will be dismissed from the walk

Group daily text – Buddy System for non texters

No Racists Allowed

No foul language or disrespect to anyone or anything

No Facebooks posts that don't include walking or events held

Clean up after yourselves and help your hosts

Follow Facebook posting rules

I understand if I am not able to fulfill my duties I will be released from The Longest Walk 5, 2017

The Longest Walk 5, 2017

Print Name Legibly

Signature

Date Signed



The Longest Walk 5, 2017

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) **I WAIVE, RELEASE, AND DISCHARGE** from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: **The Longest Walk 5** and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;
- (B) **INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE** the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.
- (C) **CONFIDENTIALITY AND NON-DISPARAGEMENT**
I agree that as a condition of participating in the Event, not to make any disparaging remarks about the Event or any of the persons or entities mentioned in this paragraph. Notwithstanding the above, nothing in this provision shall prevent or prohibit me from testifying in any legal proceeding or cooperating in good faith in any governmental investigation or action, or from making any report required by law.
- (D) **ALCOHOL AND DRUGS**
Anyone may be removed from the walk at any time, at their own expense if he or she is under the influence of illegal drugs or alcohol.

I acknowledge that **Longest Walk 5, 2017** and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of

hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Print Name Legibly

The Longest Walk 5, 2017

Signature

Date Signed