



NORTON SOUND HEALTH CORPORATION

10 Days of Wellness Application

Applications are due June 14, 2019

10 Days of Wellness

Join us for 10 Days of Wellness! The program will start July 9th in Nome for four days, followed by five days at Tom Gray's Camp in Council, Alaska. Here in Nome, participants are taught personalized goal setting, wellness education, prevention screenings, stress management, personalized fitness plan, and relaxation activities. **The remainder of the program will be located Tom's camp is a small, remote and beautiful place 70 miles inland of Nome.** Participants can enjoy the activities of Alaskan nature and outdoors while focusing on health and wellness.

We urge participants to apply with a partner, friend, or family member!

Selected participants from the village will be flown into Nome at the start of the program (July 9th) and flown back home after the program is over (July 19th). This is a free program to Bering Strait residents (tribal beneficiaries). Due to the nature of this program, NSHC limits the number of accepted participants to 10-12. In order to help coordinate the care needs of the accepted patients, NSHC medical staff will review their Electronic Health Record. Appointments and referrals may be made as necessary. This is a substance-free (alcohol, tobacco, marijuana, drugs, etc.) program offered by NSHC. For those trying to quit tobacco, help will be available.

Applicant Information

Name: _____ DOB: _____
Last First M.I.

Address/P.O Box _____

City/Village _____ State _____ ZIP Code _____

Phone: _____ Email: _____

Best Method to Contact You (**circle one**): **Telephone** **Email** **Text**

Emergency Contact Name & Phone Number: _____

Do you have any serious medical conditions or physical restrictions? _____

Do you have any allergies or dietary restrictions? _____

Anything else you think we should know? _____

Additional Questions:

What are some topics you'd like to learn about? (Check all that apply):

- Weight
- Blood Pressure Control
- Physical Fitness
- Tobacco Cessation
- Nutrition
- Stress Management
- Emotional Well-Being
- Other: _____

Why would you like to participate in this Wellness Camp?

What is your Wellness Goal for yourself or your family?

Disclaimer and Signature

This application is designated for tribal beneficiaries of the Indian Health Service (IHS).

I am signing this as my desire to participate in this program. I am able to commit to the full ten days of the program from June 9th-19th of 2019.

Signature: _____ Date: _____

**Please return this form to the NSHC CAMP Office
or via email at CAMP-Distribution@NSHCORP.ORG.**

**Applications may be faxed in to 907.443.4571.
If you have any questions, you can call CAMP at 907.443.3365.**



**NORTON SOUND
HEALTH CORPORATION**

**10 Days of Wellness
Waiver**

I understand and accept the element of risk of physical injury through participation in the 10 Days of Wellness Program. I further understand there is no medical insurance provided by the Norton Sound Health Corporation (NSHC) and Tom Gray’s Camp or their employees, volunteers, and sponsors for this summer program. I will assume all risks and I am aware that I shall be responsible for any and all medical costs that may arise from injury through participation in this program as well as any other unforeseen costs that could arise. I hereby release NSHC and Tom Gray’s Camp and their employees, volunteers, and sponsors from any and all liability arising from any injuries sustained, directly or indirectly, from participating in this program. Transportation Services: For and in consideration of NSHC and Tom Gray’s Camp for providing transportation service. I hereby waive, release, discharge, hold harmless and indemnify NSHC and Tom Gray’s Camp and its officers and employees, from and against any and all claims, suits, damages, costs, fees, (including, but not limited to, reasonable attorney’s fees), losses, expenses, causes of action, judgments, and liabilities of every nature or kind (collectively “liabilities”), in equity or law, in any manner arising out of or in connection with NSHC staff Or Tom Gray’s Camp staff providing transportation, unless such liabilities are caused by the gross negligence or willful misconduct. I agree to abide by all safety rules of Norton Sound Health Corporation in partnership with Tom Gray.

I understand a portion of the camp involves being in remote areas for extended periods of time, far from communications, transportation, and medical facilities; that these areas have many natural and man-made hazards. I hereby release all liability of injury, illness, death, property damage or harm in these activities from NSHC or Tom Gray’s Camp.

In order to help coordinate the care needs of the accepted patients, NSHC medical staff will review their Electronic Health Record. Appointments and referrals may be made as necessary.

I understand this is a substance-free (alcohol, tobacco, marijuana, drugs, etc.) program.

I agree to have transportation to the emergency room, if necessary.

Photo Waiver

I grant NSHC the right to use my name / image / testimonial in news releases, feature articles, advertisements and promotional efforts taken during 10 Days of Wellness that can be used in the future.

(Circle One): Yes No

Waiver Signature

By signing below, I agree to the conditions.

Printed Name: _____

Signature: _____

Date: _____