Purpose: Diné College's CDTE and CDS are again offering a Navajo language immersion experience to promote oral language proficiency in Navajo, as well as effective ways to teach Navajo in immersion settings. Instructors and speakers of Navajo will engage with Navajo language learners through fun, experiential, hands on language activities.

Eligibility: To participate in the Camp as a Navajo language learner, you must
- be 15 years or older (participants under 18 years of age must be accompanied by parent or guardian)
- be willing to stay for the entire camp
- be willing to communicate using Navajo language, only, for the entire camp (yes, it can be done!)
- If you have any question about your ability to participate in the Camp, contact James McKenzie, Diné Studies, Diné College (jmckenzie@dinecollege.edu, 928-724-6946, NHC 501D).

Meeting Location and Time: Immersion Camp participants will meet at Tsaile campus of Diné College at 10:00 am on Thursday, December 17. We will begin promptly, so please make plans to arrive early (please contact us if you have any questions). Shortly after arrival we will caravan to the site where the program will be hosted.

Accommodations: We will be staying in a hogan and basic framed home with limited facilities (no showers) – just a whole lot of fun activities and learning and living in the old ways! The camp will help participants learn Diné Bizaad by immersing them in traditional situations.

Cost: Meals, lodging, learning and good times will be provided for a nominal fee of $55 per participant (money orders preferred, no checks please). Payment must be made prior to the event to Annette Lang, at Center for Diné Studies Office, Diné College: 928-724-6658. Please understand that the availability of slots for Navajo language learners is limited and will be available on a first-come, first-served basis, and that all slots will be open until the cash fee is received (we must receive $55 fee to register you for the camp).

What to bring
- 3-4 sets of clothing and comfortable walking shoes for cool, sunny days, and/or wet/snowy, cold days, and cold evenings (hat, outdoor pants, long-sleeve shirts, sweatshirts, rain/snow jacket and sunglasses)
- Personal toiletries (soap, shampoo, toothbrush/paste, deodorant, lotion, sunscreen, bug repellant, and lip balm)
- Bedding (sleeping bag, pillow, blanket); flashlight; mat or cot if you prefer to sleep off of the ground
- Wash pan for basic washing/bathing
- Personal water jug, personally preferred drinks, and personal cooler (e.g., gatorade)
- Personal medications (as needed)
- Folding chairs (if desired)
- GOOD ATTITUDE!

What NOT to bring
- Weapons, drugs, or alcohol
- Video games, iPods, MP3 devices, or personal electronic devices for accessing English (device for recording Navajo ONLY is OK)
- Valuable, breakable items
- BAD ATTITUDE!

Cell phone and other electronic device usage will be limited during the Camp. Participants will be asked to keep cell phones stored throughout scheduled activities. We want participants engaged throughout the entire event. Camp planners will not be responsible for any lost or stolen items.

Schedule: A detailed schedule of activities will be made available to all Camp participants once the roster is completed. Participants are asked to commit to staying for the entire camp.

Questions? Contact: Annette Lang, Center for Diné Studies: 928-724-6658 or James McKenzie: 928-724-6946
2015 Winter Diné Bizaad Immersion Camp
Lók’aa’ch’égai, AZ
THURSDAY, December 17 – SUNDAY, December 20, 2015

Participant Information - All information below is required.

Name: ____________________________ Gender: □ M □ F Date of Birth: __________
Select one or more races to indicate what you consider yourself to be:
□ Asian □ Black or African American □ American Indian/Alaska Native □ Native Hawaiian or Other
□ White □ Tribal Affiliation:_____________ Pacific Islander
Tribal Affiliation:__________
What is your Ethnicity: □ Hispanic or Latino □ Not Hispanic or Latino
Occupation (student, teacher, etc.): ________________
List any other languages you speak or have studied: _______________________________________________
Employer Name/City/State, or if a student, name of home institution:__________________________________
Cell #:__________________ Other Phone#: ______________ Email: ____________________________
Mailing address: ______________________________________________________________________________
______________________________________________________________________________
City State Zip Code Country
What community or Chapter do you represent? If a student, what is your Major?
______________________________________________ __________________ ______________
If participant is under 18 years old:
Parent/Guardian Name(s): ________________________________________________________________
Cell #:__________________ Other Phone#: ______________ Email: ____________________________
Mailing address: ______________________________________________________________________________
______________________________________________________________________________
City State Zip Code Country
Please tell us a little about yourself:
Have you studied Navajo language in the past? Yes / No (circle one)
If Yes above, when, where and for how long?: ______________________________________________________________________________________
How much Navajo would you say that you already understand and speak? __________________________
What do you hope to accomplish at the Diné Bizaad Immersion Camp?
___________________________________________________________________________________________
___________________________________________________________________________________________
What specific uses of the Navajo language would you like to learn most at the camp?: __________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
How did you learn about the Immersion Camp? ____________________________________________________
I am: (Please check one): □ an enrolled Diné College Student □ Not enrolled at Diné College
Diné College ID #:__________________

***Note: All camp participants are required to sign the photo and video release form to participate in the camp.

Questions? Contact: Annette Lang, Center for Diné Studies: 928-724-6658 or James McKenzie: 928-724-6946
Diné Bizaad Immersion Camp

Release of Liability

Signed form must be submitted along with $55 fee to Annette Lang at CDS

Date of program: December 17-20, 2015  Group name: Diné Bizaad Immersion Camp

Participant name: ___________________________  Email address: ___________________________
Address: ___________________________________  Phone: ___________________________
State & Zip Code: ___________________________  Phone: ___________________________

THIS IS A LEGAL DOCUMENT WHICH INCLUDES A RELEASE OF LIABILITY
PLEASE READ IT CAREFULLY

1. I understand and accept that the “Language Camp” program being offered by the Diné Bizaad Immersion Camp may expose me to risks. Some of the risks which may be present or may occur include, but are not limited to, the following:
   • Hazards of traveling by foot or vehicle to and from the activity site.
   • Injuries inflicted by animals, insects, or plants.
   • The forces of nature including, but not limited to lightning, weather changes, hypothermia, sunburn, high winds, etc.
   • The physical exertion and stress associated with outdoor activity.

2. I understand that participation in this program is entirely VOLUNTARY. I have freely chosen to participate and understand that I may choose to stop at any time. I hereby assume the risks and perils directly or indirectly associated with this outdoor activity.

3. I understand that this activity may subject me to moderate physical exertion. I hereby state that I am in sufficiently good physical condition to accept this level of activity.

4. I hereby assume financial responsibility for all hospitalization, medication, and treatments provided. A copy of this form will be present at the program.

5. Prescription medication(s) participant is taking:

6. Allergies to medication or food, and/or any dietary restrictions:

7. In consideration of the opportunity to participate in this program, I have and do hereby release and will hold harmless, the Diné Bizaad Immersion Camp, Diné College, and all their officers and/or agents, from any and all liability, cause of action, debts, claims and demands of every kind and nature whatsoever for injury to person, including death and/or permanent or partial disability, or damage to property that may occur as a result of my participation in the said activity. The terms hereof shall serve as a release, indemnification, and assumption of risk for my heirs, executors, and administrators and for all members of my family, including any minors for which I have responsibility.

8. Prior to signing this document, I have had an adequate opportunity to read and understand it, I have had an opportunity to ask questions about it, and I have had my questions answered to my satisfaction.

Participant’s signature: ___________________________  Printed Name___________________________  Date ______

If Participant is under 18 years old

I am signing this Agreement on behalf of a minor Participant. I acknowledge that I am the Parent/Guardian of the Participant and that I understand the terms of this Agreement. I also acknowledge that these terms shall bind my heirs and personal representatives and the heirs and personal representatives of Participant.

Signature of Legal Parent or Guardian ___________________________  Printed Name___________________________  Date ______

ALL:  EMERGENCY CONTACT (Name): ___________________________  Phone Number:__________________
Relation to Participant: ___________________________  Address: ___________________________
Cell Phone Number: ___________________________  Address: ___________________________
IMPORTANT: THIS IS A LEGAL DOCUMENT,
PLEASE READ AND UNDERSTAND THIS DOCUMENT BEFORE SIGNING.

ASSUMPTION OF RISK, WAIVER OF
LIABILITY AND INDEMNIFICATION AGREEMENT

This Agreement must be completed in order to participate in the activities associated with this PCA, course, or activity.

Participant (print full name): ____________________________________________
Program: 2015 Winter Diné Bizaad Immersion Camp
Course: ______________________________________________________________
Activity: 2015 Winter Diné Bizaad Immersion Camp

I, the undersigned, am either the Participant named above or the parent and/or legal guardian ("Parent/Guardian") of the minor, under age 18, of the Participant named above. I am familiar with the curriculum and/or the activities which take place in the above named PCA, course or activity.

TERMS AND CONDITIONS

I will participate or authorize the Participant to participate in the above Program, Course or Activity at the Diné College (the "PCA"). I understand that such participation can include foreseeable and unforeseeable risks and other hazardous activities inherent in the PCA which may expose the participant to illness, injury, or death. Participant or Parent/Guardian freely and voluntarily participates or allows participation in the PCA with the knowledge of the danger involved and hereby agrees to assume and accept any and all risk of illness, injury or death.

WAIVER, RELEASE AND INDEMNIFICATION

Participant or Parent/Guardian of Participant understands and acknowledges that the Diné College ("College") is not an insurer of Participant's behavior, actions or participation in the PCA, and that the College assumes no liability whatsoever for personal injuries or property damages to Participant's property or to third persons arising out of participation in the PCA. Participant or Parent/Guardian hereby agrees to release, waive, covenant not to sue, indemnify and hold harmless the College, and all of their officers, employees and agents (collectively the "Releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by Participant or loss or damage to any property belonging to Participant arising out of or related to participation in the above named PCA, and excepting only such loss, damage or injury as may be caused by the sole negligence of any Releasee.
Participant or Parent/Guardian of Participant agrees that the site of any lawsuit arising out of or related to participation in the PCA shall be the Navajo Nation and that this Agreement will be governed by and construed in accordance with the laws of the Navajo Nation, without application of any principles of choice of law.

Participant does not have any medical conditions that would prevent participation in the PCA.

Participant has adequate health insurance to cover the costs of treatment in the event of any injury.

Participant shall pay any attorney fees or costs incurred by the College in enforcing this Agreement.

If any portion of this Agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

PARTICIPANT OR PARENT/GUARDIAN OF PARTICIPANT HAS CAREFULLY READ THESE TERMS AND FULLY UNDERSTANDS THEIR CONTENT AND IS AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN PARTICIPANT OR PARENT/GUARDIAN OF PARTICIPANT AND THE RELEASEES AND SIGNS IT OF HIS OR HER OWN FREE WILL.

______ I am signing this Agreement for myself as Participant. I acknowledge that I am eighteen (18) years of age and that I understand the terms of this Agreement. I also acknowledge that this Agreement shall bind my heirs and personal representatives.

________________________  ____________
Signature of Participant       Date

______ I am signing this Agreement on behalf of a minor Participant. I acknowledge that I am the Parent/Guardian of the Participant and that I understand the terms of this Agreement. I also acknowledge that these terms shall bind my heirs and personal representatives and the heirs and personal representatives of Participant.

________________________  ____________
Signature of Legal Parent and/or Guardian of Participant       Date

Participant Health Insurance Information

Health Insurance Provider: ________________________________

Health Insurance ID#: ________________________________

Health Insurance Address:
________________________
Health Insurance Phone#: ________________________________

Primary Named Insured: ________________________________
Thank you for your interest in participating in the Diné Bizaad Immersion Camp from December 17-20, 2015! In order to foster a learning environment and community that encourages Navajo language acquisition, to aid learners in building proficiency and understanding of the language, ALL participants MUST agree to the Language Camp Commitment. It’s challenging, but it works, and you can do it!

For this camp to be the best experience that it can be, it is extremely important that every participant make a sincere effort to use Navajo language as exclusively as possible throughout the camp. There will be very small windows of time, in which participants can briefly ask questions in English, to clarify words/phrases, etc. for the purpose of Navajo language learning, if needed. But speaking English with other participants must be avoided at all times outside of these short sessions.

By signing this Language Camp Commitment, participants indicate their intention to speak only Navajo language to all people at all times (except during designated question sessions and in cases of emergency). The Language Camp Commitment will be in effect throughout the entire stay at the camp location.

LANGUAGE CAMP COMMITMENT:
By signing this Language Camp Commitment, I agree to:
• Use Diné Bizaad (Navajo) as my only language of communication while participating in the Diné Bizaad Immersion Camp
• Not use electronic devices to access English information
• Stay for the entire duration of the camp
• Help and encourage other participants to learn Navajo language
• Participate in Group Activities, Learning Sessions, and Daily Settings
• Bring and maintain a POSITIVE ATTITUDE for learning the sacred Diné language!

Participant’s signature: __________________________ Printed Name: __________________________ Date: ______

Questions? Contact: Annette Lang, Center for Diné Studies: 928-724-6658 or James McKenzie: 928-724-6946
PHOTO/VIDEO RELEASE FORM
Participant of Diné College Event

For valuable consideration, I hereby irrevocably consent to and authorize Diné College the use and reproduction of any and all photographs and video taken of me at the time period of a campus event, travel, workshop, conference, or public gathering for the purpose of academic publication, institutional reporting, or visual data collecting, without further compensation to me.

All negatives, positives or digital capture files, together with the prints and video(s) shall constitute the property of Diné College, solely and completely.

Name of Event: 2015 Winter Diné Bizaad Immersion Camp

Name of Participant (Print Name)____________________________________________________

Address _______________________________________________________ Phone ___________________

City __________________________ State ________________ Zip ______________

Signature of Parent or Guardian if Minor ____________________________________________

******************************************************************************

Signature of Participant_________________________ Date ______________________

Witnessed by (Print Name) __________________________

Signature of Witness_________________________ Date ______________________