



Resilient Indigenous Youth Council Consent Form

REV: 12/2020
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NATIVE HEALTH's Resilient Indigenous Youth Council is a means of empowering Native American youth to have a meaningful role in solving community problems. This Council is also an opportunity for youth to develop their leadership potential as well as foster self-confidence and nurture cultural identity. Qualified NATIVE HEALTH staff will oversee this program, which will be delivered by virtual technology.

PARTICIPATION

Your participation in the Resilient Indigenous Youth Council is completely voluntary. You may discontinue your participation in this Council at any time without penalty.

BENEFITS

Learn to accept responsibility and develop leadership skills to obtain personal, group, and community achievements, enhance your self-confidence and cultural identity, as well as being a mentor and positive influence among other Native American youth. These are some other benefits:

- Understand the inner workings of Tribal Sovereignty
- Develop coping skills to battle negative peer pressure
- Opportunities to network with other Native American youth and youth councils
- Develop problem solving and public speaking skills
- Mobilize community resources to improve our population's health and well-being

RISKS

Possible risks of participation in the Resilient Indigenous Youth Council:

- You may find some of the discussions to be sensitive
- Some discussions may cause emotional discomfort
- Some discussions may be distressing to you as you think about your experiences

NOTE: Qualified NATIVE HEALTH staff will be available at all times to assist with any concerns.

CONTACT (for any questions regarding this program):

Lian BigHorse, MBGPH, Ph.D.

Youth Resiliency, Tribal Practices & Circles of Care Program Manager

Phone: 602-279-5262 ext. 3319

By my signature below I understand the nature, risks and benefits of participation in the Resilient Indigenous Youth Council. I also agree to release NATIVE HEALTH their directors, officers, employees and any and all other organizations involved in this program from any liability and responsibility for any and all claims or potential claims arising out of my voluntary participation in this program.

Name of participant/minor (please print): _____ DOB: _____

Signature of participant/minor: _____ Date: _____

Name of parent/legal guardian (if participant is a minor): (please print): _____

Signature of parent/legal guardian: _____ Date: _____