



17th Annual Muscogee (Creek) Nation Citizens'
 Diabetes Awareness Summit
 September 14, 2023
 Glenpool Conference Center
 12205 S Yukon Ave
 Glenpool, Oklahoma 74033



Kerretv momen Yekcety "To Know and To Be Strong"

On-Site Registration Form

Date September 14, 2023

Name (Please Print) _____

Address _____

City _____ State _____ Zip _____

Phone number _____ E-mail _____

Community _____ Your health clinic _____

Circle the appropriate response:

Gender: Male Female Age Range: 18-29 30-54 55 and over

Do you have diabetes? Yes No If yes, what type? Type 1 Type 2

Do you have pre-diabetes? Yes No

Have you had diabetes during pregnancy that went away after your baby was born? Yes No

Please indicate your Tribe(s) and Veteran Status:

Muscogee Only Other Tribe(s): _____ Non-Indian Veteran

Please mark if you are an MCN Employee, Dignitary, and/or Vendor:

Employee: Department/Program _____ Dignitary Vendor

How did you learn about the Summit? (Mark all that apply)

- Community Center Ceremonial Grounds Church
 Diabetes Staff Clinic Staff Department of Health Website
 MCN Website Local Newspaper Radio - 'Creek Beat'
 Muscogee Nation News Other: _____





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RELEASE OF LIABILITY

I understand that there may be risks of physical harm, foreseen or unforeseen, associated with participation in the activities included in the Seventeenth Annual Muscogee (Creek) Nation Citizens’ Diabetes Awareness Summit and that cannot be excluded without destroying the unique character of the Summit. These inherent risks include exposure to the hazards of travel and dangers of serious personal injury, property damage, and death (“Injuries and Death”). I know that Injuries and Death can occur by natural causes or activities of other persons. I nevertheless want to participate in the Summit and I hereby voluntarily and freely assume all risks associated with that participation. In consideration for being allowed to participate in the Seventeenth Annual Muscogee (Creek) Nation Citizens’ Diabetes Awareness Summit, the undersigned individuals waive all liability for any damages the participant or the undersigned may suffer and release and agree to hold harmless the staff, the funders, Muscogee (Creek) Nation Diabetes Program, and Muscogee (Creek) Nation, from any costs or liability for damages arising from any injury, loss, accidents, delay or irregularity related to the participant’s planned participation or involvement in the following project:

This release covers all rights and actions of every kind, nature and description, which the undersigned ever had or will have. This release is binding on the undersigned, his/her heirs, representatives and assignees.

Signature of Consent: _____ **Date:** _____

PHOTO/MEDIA WAIVER

The Muscogee (Creek) Nation Diabetes Program staff will be photographing participants. Pictures will be taken during the duration of the program and may be made available to the public. I understand that I will have no rights, financial or otherwise, to these photographs. I give my consent to allow myself to be videotaped and photographed for educational and promotional purposes related to Diabetes Prevention Program.

Signature of Consent: _____ **Date:** _____

