



110 N. Willow St., STE 127, Kenai, AK 99611  
 P.O. Box 1425 Kenai, AK 99611  
 Phone: 907-283-2700 Fax: 907-331-0511

**For office use only:**  
 Enrollment Number: \_\_\_\_\_

# Food Distribution Program

Email:	Phone:	
Mailing Address:	City / State:	Zip:
Physical Address:	City / State:	Zip:

**AKN= Alaska Native AI= American Indian**

All Household Members (First, MI, Last)	Relationship	Birth Date	Age	AKN/ AI
	(Self)			Y / N
				Y / N
				Y / N
				Y / N
				Y / N
				Y / N

Food products given out by the Salamatof Tribe and its members, employees, volunteers or other representatives shall not be responsible for any adverse reactions, side effects, injury, bodily harm or death that may result from the consumption of the donated food products or any other liability arising thereof. By accepting the food, I, the program participant, understand that participating in a food distribution program comes with certain risks, including my own physical or psychological injury, pain or suffering, and that of the people who I share it with. I assume all risks of my participation, whether known or unknown to me, and take legal and financial responsibility for all consequences.

I, the program participant, unconditionally indemnify and agree to hold harmless the Salamatof Tribe, members, employees, volunteers or other representatives, as well as its landlord Salamatof Native Association Inc., from any and all loss, damage, liability and expense, including court costs and attorney fees, medical expenses, that may result from my participation.

Signature: _____	Date: _____
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