



2024 FUTURE LEADERS SUMMIT

PARTICIPANT AUTHORIZATION FORM

Must be received by 5:00pm (AK Time), October 7, 2024

Participant's Full Name: _____

The 2024 Future Leaders Summit to be held on October 12, 2024, at:

Afognak Native Corporation
3909 Arctic Blvd, Ste500
Anchorage, AK 99503

If you have any questions, please contact:

Afognak Shareholder Services
888-292-9580 phone
907 334-9566 fax
shareholderservices@afognak.com

Koniag Shareholder Services
800-658-3818 phone
907-562-5258 fax
youthprograms@koniag.com

This form must be signed by the Participant (if eighteen years or older), or by an authorized parent/guardian of the Participant (if the Participant is under the age of eighteen) on behalf of the Participant. The person who signs this form will be referred to as the "Signer". If the Participant is under the age of eighteen, the Signer authorizes the Participant to attend and participate in the Future Leaders Summit.

To best meet your needs, please fill out the following information in its entirety:

PRIMARY EMERGENCY CONTACT INFORMATION

Parent / Guardian Name: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Other Contact(s) Information: _____

SECONDARY EMERGENCY CONTACT INFORMATION

Name: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Other Contact(s) Information: _____

In consideration for the Participant being permitted to attend and participate in the Future Leaders Summit, the Signer agrees to the following Emergency Medical Authorization, General Release, Media Release and Other Terms sections to the fullest extent allowed by law:



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EMERGENCY MEDICAL AUTHORIZATION

In the event of an emergency, the emergency point of contact shall be notified, and emergency first responders (911) will be called. The Signer hereby authorizes for the Participant listed above to receive emergency transportation, medical treatment, care or hospitalization deemed necessary for the welfare of the Participant in the event of an emergency, accident, injury or illness. The Signer gives permission for treatment to all medical personnel, to include licensed physicians, nurses, technicians, emergency responders, and other medical personnel. The Signer also assumes responsibility for the cost of medical care. This authorization is effective through the date listed above.

THIS EMERGENCY MEDICAL AUTHORIZATION SECTION MUST BE SEPARATELY SIGNED:

I have read and consent to the above authorization.

For Participants eighteen years or older:

Participant Signature: _____ Date: _____

Participant Print Name: _____

For Participants under the age of eighteen:

I am the guardian /parent (circle one) of the Participant.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Print Name: _____

GENERAL RELEASE

Definitions. The following terms shall have the following meanings in this Participation Authorization Form:

"Claim" and **"Claims"** means, individually and collectively, all Loss, claims, demands, suits and proceedings (including but not limited to civil, criminal, administrative and investigative), actions, causes of action, judgments, penalties, fines, fees, and costs and expenses (including attorneys' fees and costs and consultant's fees and costs), of any kind or nature, direct or indirect, known or unknown, asserted or unasserted, contingent or non-contingent, mature or to mature in the future, and whether arising by way of common law, statute, contract, tort or by any other means or bases.

"Loss" means all liability and loss of any kind, including but not limited to damages, property damage, economic loss, non-economic loss, bodily or mental damage or injury, and death.

"Released Party" means individually and **"Released Parties"** means collectively, (i) Afognak Native Corporation ("**ANC**") and Koniag, Inc. ("**Koniag**"); (ii) the respective former and current, direct and indirect subsidiaries, affiliates, partners, and related companies and businesses of the parties listed in (i); (iii) each of the respective former and current owners, members, shareholders, officers, directors, partners, representatives, agents, employees, insurers and reinsurers, attorneys, predecessors, successors and assigns, both individually and in their business capacities, of the persons and entities listed in (i) and (ii); (iv) any volunteers (including chaperones) participating in or associated with the Future Leaders Summit; and (v) any individual or entity which could be jointly liable with any of the foregoing.

"Future Leaders Summit" collectively means the Future Leaders Summit which is the subject of this Participant Authorization Form, and any and all activities, events, functions, meetings, lodging and meals, and transportation (air, road or otherwise), wherever held or occurring, in any manner arising from, connected with, or relating to the Future Leaders Summit.

Assumption of Risk; Release and Waiver. To the extent in any manner arising from, connected with, or relating to the Participant's use of, participation in, attendance at, access to, entry onto, or presence on or at the Future Leaders Summit, the Signer and the Participant fully, irrevocably and unconditionally:

- (a) assume all risk of Loss (inherent or otherwise); and



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(b) fully release and discharge the Released Parties and each of them from all Loss and Claims; and

(c) fully waive any right to make or seek any Claim against any of the Released Parties and each of them for any Loss.

This Assumption of Risk, Release and Waiver applies regardless of whether the Loss or Claim was caused or allegedly caused by the negligence (ordinary, gross or otherwise), willful misconduct or fault of any of the Released Parties, by any other participant in the Future Leaders Summit, by any mode of transportation associated with the Future Leaders Summit, or by any other cause.

MEDIA RELEASE

The Signer and the Participant authorize ANC and Koniag, acting through their agents, employees, representatives and those acting with their permission and authority, to take or obtain photographs, audio recordings, video recordings, writings, interviews, statements and quotes of and from the Participant, including the Participant’s name, image, likeness, and/or voice (collectively “**Recordings**”) arising from, in connection with or relating in any manner to the Future Leaders Summit. The Signer and the Participant hereby grant to ANC and Koniag the unlimited, worldwide and perpetual right to reproduce, publish, use, exhibit, display, perform, broadcast, create derivative works from, and distribute the Recordings in any manner or media now existing or hereafter developed, for all purposes whatsoever, and waive all compensation and royalties to me or the Participant. The Signer and the Participant:

(a) agree that all rights to Recordings shall be ANC’s and Koniag’s property; and

(b) agree that ANC and Koniag will have final editorial authority over the use of the Recordings, and waive any right to approve the eventual use or purpose to which the Recordings may be applied; and

(c) waive any right to inspect or approve the Recordings or any finished images, videos, advertising copy, artwork, materials, or other audio or visual matter resulting from the Recordings, whether in its original form or processed, altered, blurred, distorted, combined with, or used in conjunction with any other media; and

(d) fully waive, and fully release and discharge the Released Parties from, any Loss or Claim arising from or related to the Recordings or ANC’s or Koniag’s use of the Recordings, including any liability by virtue of any misuse, blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of the Recordings or in processing tending towards the completion of the finished product.

OTHER TERMS

The Signer agrees that the Participant is not allowed to depart from group supervision or leave the hotel on their own for any reason, including to visit friends or family. The Signer agrees that he/she may authorize persons to visit the Participant at the hotel by providing written permission notifying the chaperones of the times such persons will be visiting and for how long. At the conclusion of the event, the Participant shall be released to the following person:

I have read this Participant Authorization Form (including the Emergency Medical Authorization, General Release, Media Release and Other Terms) and understand its terms, and sign it voluntarily and with full knowledge of its binding effects.

For Participants eighteen years or older:

Participant Signature: _____ Date: _____

Participant Print Name: _____

For Participants under the age of eighteen: I am the guardian /parent (circle one) of the Participant:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Print Name: _____