

## KAWERAK, INC.

REPRESENTING **Brevig Mission** Sitaisag Council **Akauchak Diomede** 

Iŋaliq Elim

Neviarcuarlug **Gambell** Sivuqaq

Golovin Chinik **King Island** 

Ugiuvak Koyuk Kuuyuk

Mary's Igloo Iglaaruk **Nome Eskimo** 

Sitnasuami Inuit

Savoonga Sivungaq **Shaktoolik** Saktuliq

**Shishmaref** Kigiqtaq

Solomon Anuutag

St. Michael Taciq

**Stebbins** Tapraq

Teller

Tupqaġruk **Unalakleet** 

Uŋalaqłiq Wales Kiŋigin

**White Mountain** Natchiġvik

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To enter into Kawerak Wellness Gather & Give Photo Raffle, please complete the information and media release below. Submit along with your photo(s) to wellness@kawerak.org.

First and Last Name:								
Email Address:	Phone:							
Photo Description (what are you sharing, who is in the photo, where is the photo taken, who is the photographer).								
own behalf or on behalf of the chi am giving permission on behalf of custodian of the children listed be	rak to use my submitted photo(s), either on my ldren listed, for the purposes identified below. If I children, I certify that I am the parent, guardian or slow and that I have the authority to give such e photo provided, or have authority from the ermission.							
videos, posters, web use, federal a newsletters, corporate reports or	for educational purposes, publicity, promotion, and state issue packets, annual reports, publications, or other uses for which there is a the following limitations on use or distribution,							
above referenced materials. I here directors and employees from all of	not being compensated for Kawerak's use of the eby release and discharge Kawerak, its officers, claims/liability arising out of the use of the above children listed may have in this regard.							
I agree to the above on behalf of t	the listed children (if any) and myself							
Signature:	Date:							

**KAWERAK, INC.**PO Box 948 • Nome Alaska 99762 • 907.443.5231 • www.kawerak.org