'Showcasing our successes to encourage the next generation'



The first Idaà Ts'ade Academic Summit will be held in Behchokò, NT on June 24-30, 2018. This opportunity will empower the next generation of change makers through education, mentorship and traditional knowledge. This will give our youth an opportunity to network with elders and mentors from both academia and traditional knowledge. To ensure that your application is considered please fill out all required fields before the **deadline**; May 30<sup>th</sup>, 2018.

## **APPLICATION CHECKLIST**

Completed the following:

Section A – Registration Form

Section B – Roles and Responsibilities

Section C – Photo/Video/Audio / Media Consent Form

Section D – Waiver and Acknowledgement Form

Section E – Resume

### RESUME

Please attach a copy of your current resume to your application. We encourage you to highlight your education and training, and other information such as personal interests, hobbies and any other meaningful personal achievements.

### Contact

We are here to support you. If you need more information or have questions please contact:

- antoniadryneck@tlicho.com (867)447-0721
- janellenitsiza@tlicho.com (867)446-9320

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Section A – Registration Form										
1. Name of Applicant:										
First Name, Last Name										
2. Applicant Information:										
Date of Birth:		Age:		Shirt Size:						
(day /mon	th/ year/)			Unisex Sizes						
3. Contact Information of the Applicant:										
<b>- - - - - - - - - -</b>										
Email contact: Daytime Pho		e No:		Evening Phone No.:						
Mailing Address										
4. Education										
Highest Level of Education Complete	d:			of completion:						
			(if app	(if applicable)						
5. Additional Information										
Please provide name of a private bille										
where you will stay during the summ (Billet will be paid after summit).	IT:									
Please list any dietary										
restrictions or allergies:										
6. Emergency Contact:										
Contact Name A:										
Phone No.:	Alternate Phone No.:									
Contact Name B:										
Phone No :	Altornato Dhana Nay									
Phone No.:	Alternate Phone No:									

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### Section B - Roles and Responsibilities

**PARTICIPANTS:** The participants will agree to assist and fully engage in the Academic Summit with an open mind and remain unbiased. They will share best practices and ideas on culture, language, traditions and revitalization of our way of life. They will share preeminent observations of our traditional practices, on the land activities, current social issues to represent the Tł<sub>2</sub>cho in a professional, compassionate, and friendly matter.

### ROLES:

- To participate in discussion; and to have patience and respect when others are speaking
- To provide your thoughts and visions around key discussion topics
- To have fun and enjoy this unique opportunity
- To learn from our esteemed elders and show respect to their teachings
- To show respect to the lands and waters we travel on

### RULES:

### These rules apply to all participants, presenters, elders and staff in attendance

- Participants must be in attendance at all scheduled activities; keynote lectures, testimonial speeches, breakout sessions, traditional activities, on the land activity
- Participants are expected to conduct themselves in a respectful and professional manner as they are accountable for their behaviour
- Participants are expected to be on time for all of the events
- All participants will avoid the use of <u>Alcohol and Drugs</u> during the Academic Summit and participate with a clear mind

### **ELDERS/PRESENTERS:**

ROLES

- Will provide guidance to participants
- Will provide personal journeys to success to help participants build an understanding of it
- Will participate and engage in activities scheduled
- Will have respect and an open heart when engaging with participants and others involved

### COMMITTEE/STAFF SUPPORT:

ROLES

- Will cover the cost of transportation, accommodations and meals not offered during the summit for all involved in summit
- Will host and facilitate the lecture series and provide supporting materials
- Will participate and respect those presenting and participating in summit
- Will act as liaison for youth in attendance and provide follow up on summit outcome

Please sign below to confirm that you have read and agree to the roles and responsibilities section of the Academic Summit trip:

Print Name:

Signature:

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### Section C – Photo / Video / Audio / Media Consent Form

I, \_\_\_\_\_\_, give my permission to the Tłįchǫ Government's, Įdaà Ts'ade Academic Summit committee to take photographs, videos and/or audio recordings of me/or my child(Ren) while I/we participate in the Academic Summit scheduled to run from June 24<sup>th</sup> – June 30<sup>th</sup>, 2018 in and around the Behchoko, NT area.

Tłįchǫ Government's, Įdaà Ts'ade Academic Summit can use these photographs, videos, and/or audio recordings for reporting and describing their activities on social media pages administered by Tłįchǫ Government:

- I understand that I can specifically request them NOT to use my photograph, videos or comments.
- I also understand that there will be no compensation or remuneration for photos, videos and/or audio taken during this time.

Please sign and date this section if you are <u>18</u> years or older:

# Signature of Applicant applying for Tłįchǫ Citizenship (18 years and older) I certify that the information provided is, to the best of my knowledge, true, correct and complete. Print Name Signature Date Signature of Parents/Guardians/Legal Representative of Applicant (is 19 years and under) I certify that the information provided is, to the best of my knowledge, true, correct and complete. I acknowledge that I am submitting this information voluntarily on behalf of the minor applicant. Print Name Signature Date

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Section D - Waiver and Acknowledgement Form						
I,of		, Northwest Territories,				
(Name)	(Com	munity)				
AGREE to voluntarily	participate in the	Idaa Ts'ade Academic Summit	(Name of Program) (the "			

AGREE to voluntarily participate in the Idaa Ts'ade Academic Summit (Name of Program) (the "Activity") assigned by the \_\_\_\_\_\_(NAME OF TG POSITION) of the Tłıcho Government.

In participating in the Activity I agree that I am aware that participating in the Activity, which includes my traverse and transport to and from sites, exposes me to many inherent risks, dangers and hazards and I agree to assume any and all risks of bodily injury, illness, death and/or property damage, whether those risks are known or unknown.

Specifically, I understand, agree to and acknowledge the following:

- 1. I am at least nineteen (19) years of age.
- 2. I accept complete responsibility for the inherent risks associated with the Activity that I have voluntarily chosen to participate in and I acknowledge that I am fully aware of such risks.
- 3. I accept and acknowledge that Tłįchǫ Government, its officers, directors, employees, agents and officials assume no responsibility whatsoever for my personal safety or loss of personal property.
- 4. I release Tłįchǫ Government, its officers, directors, employees, agents and officials from all liability, including liability for negligence, for personal injury, illness, death and/or property loss, however caused and sustained by me while participating in activities related to the Activity, expressly including, but not limited to, any personal injury, illness, death and/or property loss sustained during or in connection with transportation to and from such activities.
- 5. I will not make any claim or commence any legal proceedings against Tł<sub>2</sub>chǫ Government and/or its officers, directors, employees, agents and officials for damage resulting from personal injury, illness, death and/or property loss, however arising and sustained by me while participating in activities related to the Activity, including any damage arising during transportation to and from such activities.
- 6. I acknowledge and agree that Tłįchǫ Government, its agents and assigning agencies will not be held responsible for any accident caused by me the undersign during the performances of my participation in the Activity and I agree that neither the Tłįchǫ Government, their agents or their assigning agencies shall have my liability for any loss, injury, damage or death caused by me.
- 7. This Waiver and Acknowledgement Form binds my heirs, executors, administrators, and assigns.

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8. I acknowledge that I may be provided with a stipend or honorarium with respect to my participation in the Activity and I further expressly acknowledge that acceptance of said stipend or honorarium in no way makes me an employee of the Tłįchǫ Government or of any Tłįchǫ Government entity.

I expressly agree that I have fully read, understood and agree to all terms of this Waiver and Acknowledgement Form. I further expressly agree that if I do not agree with any of the terms set forth herein, I shall not participate in the Activity.

Dated on		_ of		20 <u>18</u> ,		NT.
(	(Month)		(Day)		(Location)	
			I			
(Parti	icipant's Signature)			(Witness Si	ignature)	

\*Each Participant must read, understand, complete and sign the attached Waiver and Acknowledgement Form\*

### Section E – Resume

Please attached you resume here.