



One Application Per Youth – **Please PRINT Clearly**

First Name		Middle Name		Last Name	
Mailing Address			Community/Town		Province
Home Phone		Cell Phone		Email Address	
Gender (Please Circle)		Date of Birth (MM/DD/YYYY)		Health Card Number (Required)	
Male    Female    Other					
Treaty Number (Required)		Social Insurance Number (Optional)		Driver License Number (Optional)	
Does the Participant have any known allergies, chronic illness or medical Conditions? (If yes, please describe)					

School Information:				
Name of School / Current Grade				
Mailing Address		City	Province/Territory	Postal Code



Parent/Guardian Information			
First Name	Middle Name(s)	Last Name	
Mailing Address	City/Town	Province/Territory	Postal Code
Home Phone	Cell Phone	Work Phone	

Emergency Contact Information (Please Provide 2 contact person)		
Name	Relationship	Phone
1.		
2.		



### Tłıchǫ Government General Waiver and Acknowledgement Form

I, \_\_\_\_\_ of \_\_\_\_\_, Northwest Territories,  
(Name) (Community)

AGREE to engage in the **Youth Boys Vest Making Workshop** on the voluntary basis  
(Program Name) (the "Activity")

assigned by the Tłıchǫ Government's **Department of Healing and Community Wellness**  
(Name of TG Position)

In participating in the Activity, I agree that I am aware that participating in the Activity, which includes my travel 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:

*\*Youth participant MUST Initial all highlighted sections*

1. I am a minor between the age of 15-17 and my parent must sign this agreement for my participation. \_\_\_\_\_ (initials)
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. \_\_\_\_\_ (initials)
3. I accept and acknowledge that Tłıchǫ Government, its officers, directors, employees, agents and officials assume no responsibility whatsoever for my personal safety or loss of personal property. \_\_\_\_\_ (initials)
4. I release Tłıchǫ Government, its officers, directors, employees, agents, and officials from all liability, including liability for negligence, 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. \_\_\_\_\_ (initials)
5. I will not make any claim or commence any legal proceedings against Tłıchǫ 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. \_\_\_\_\_ (initials)



6. I acknowledge and agree that Tłıchǫ 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 Tłıchǫ Government, their agents or their assigning agencies shall have my liability for any loss, injury, damage or death caused by me. \_\_\_\_\_ (initials)
7. This Waiver and Acknowledgement Form binds my heirs, executors, administrators, and assigns. \_\_\_\_\_ (initials)

I expressly agree that I have fully read, understood and agree to all terms of this General 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.

By signing these forms, we acknowledge and agree that my child/ren, will not be compensated for their participation \_\_\_\_\_ (initials) in the Youth Boys Vest Making Workshop

Dated \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_, \_\_\_\_\_ NT.

\_\_\_\_\_  
Youth Participant Name (Print)

\_\_\_\_\_  
Youth Participant Name (Signature)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Name (Signature)

\_\_\_\_\_  
Date Signed



**Program Name:** Youth Boys Vest Making Workshop

**Date:** February 17-21, 2025

**Youth Participant Name** (print clearly):

**Address:**

**Phone Number:**

**Participant Declaration**

I give the Tłıchq Government permission to record my image/voice during the above-named program with a (check  all that apply):

- Photograph
- Video recording
- Audio clip

I give the Tłıchq Government permission to use these items at any time for public information and to promote or advertise programs and activities, in various media—such as websites, print, or radio.

I have read and understand the contents of this form. I had the chance to ask questions about it.

I give consent of my own free will, without any influence or advice from the Tłıchq Government.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ (month), 20\_\_

Youth Participant Name (Signature): \_\_\_\_\_

I am a minor between the age of 15-17 and my parent must sign this agreement for my participation.

Parent/ Guardian Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Name (signature): \_\_\_\_\_ Date: \_\_\_\_\_

**Tłıchq Government Photo Consent Form**



**Please tell us why you would like to be apart of the Youth Boys Vest Making Workshop:**

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**Are you willing and able to participate on the Week of February 17-21, 2025?**

Monday – Wednesday 5pm – 9pm | Thursday- Friday 1:30 pm – 7:30 pm

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Tłıchǫ Ndek'áowó



Tłıchǫ Government

*Department of Healing and Community Wellness Programs*

*Youth Boys – Vest Making Workshop*

*February 17-21, 2025*

**For DHCW Office Use only**

Youth and Elder Support Worker: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Application has been Received: \_\_\_\_\_