



Tlicho Ndek'awo
Tlicho Government

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Trails Of Our Ancestor 2013

Application & Waiver Form

Participant information (Please fill out the section below):

Applicant's Name:		Address:		Community:
DOB (M/D/Y):	SIN#:	Home Phone #:	Work Phone #:	Tlicho Citizen?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Travel Information

Departure from:	Travel Date:	Arrival Location:	Arrival Date:

Comments:

Please explain why you are interested in the canoe journey? Have you participated in the Tlicho Ancestor Canoe Trails in the past? If yes, how many times did you participate in the canoe journey?

Applicant's Signature:

Print Name:	Signature:	Date:

Notices

- Alcohol and, or drugs will NOT be tolerated on the Canoe Journey. If A&D is abused, training salary privilege of \$50.00 per day will be taken away as result of your action.
- All participants must obey rules set forth by our elders and foremen on the Canoe Journey.
- Respect our environment and one another.
- Have fun.

Tlicho Government Use Only

Approved By: _____ Date: _____

Waiver Form

I, _____ of _____ Northwest Territories
Name Community

AGREE to participate in the Trails Of Our Ancestor in August 2013, as assigned by the Director of Language, Culture & Communication of the Tłıchǫ Government.

I assume all risk and death, injury or damage to myself or property, whether due to negligence or otherwise and neither nor any other person shall have any right or claim against the Tłıchǫ Government or their agents and assigning agencies, in respect of or any such death injury, loss or damage.

I understand the Tłıchǫ Government, their 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 trails of our ancestor 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.

I understand that by participating in this activity does not make me an employee of the Tłıchǫ Government.

Dated the on _____ **day of** _____, **2013** _____ **NT.**
Day Month Location

(Participant's Signature)

(Witness Signature)

Each Participant must complete and sign the attached Waiver Form

For further information, please contact the Language, Culture & Communications Director at (867) 392-6381 or by email at tonyrabesca@tlichocom