

REGISTRATION FORM DEADLINE: January 22, 2018

2018 Tlicho Annual Youth Conference January 26-29, 2018, Whati, NT

One Form per Student – Please PRINT Clea	arly
Name:	Grade:
D.O.B:	School:
Address:	Phone: (867)
Town:	Fax: (867)
Postal code:	HCP#
Please check one:	Do you have any allergies? (Check one)
FEMALE MALE	
If so, what type of allergy or medication?	
In case of emergency, please provide contact information below:	
Name:	Relationship to you:
Phone:	Address:
NOTE: Please provide contact information below:	
Name:	Relationship to you:
Phone:	Address:

PLEASE FORWARD COMPLETED FORMS TO: Community Action Research Team

by Fax at (867) 392-6389 or drop off completed registration forms at the Tlicho Government main office. You can also contact Anita at 392-6381 (ext.1325), or Belinda at 392-6381 (ext.1310), Mercedes at 392-6381 (ext.1351), if you have additional questions regarding the upcoming Workshop in Behchoko.

By signing this registration form, you agree that the information you provided is correct and that you will abide by all the rules set in place for the duration of the conference.

Please review the consent form attached with your parent(s) or guardian and sign and date accordingly. Masi cho!

Youth Signature: _____

Parent Signature: _____

Date: _____

Youth are to acknowledge and agree with the terms set out for the workshop.

Agreement for youth when registering

- I will be responsible and respectful during workshop
- I will respect myself
- I will respect my community
- I will respect my elders
- I will set a positive example for Behchoko community
- I will abstain from Drugs and Alcohol

Please initial below to participate in the Tlicho Annual Youth Conference, to be held in Whati, NT.

By initialing this section, I agree with "Acknowledge & Agreement" and their participation _____(initials) in this program/project.

PERMISSION & AGREEMENT

Youth within the Tlicho Region are invited to attend the 2018 Tlicho Annual Youth Conference to be held in Whati January 26-29, 2018.

Our goal for the Conference is to provide Self-esteem, personal development, self-awareness, Programs and Services, etc. that are available to Tlicho Youth.

Please initial below to participate in the Tlicho Annual Youth Conference, to be held in Whati, NT January 26-29, 2018.

By initialing this section, I agree with "Permission & Agreement" and their participation _____(initials) in this program/project.

Photograph / Video / Audio Consent Form

I, _____, give my permission to the

(Please print name)

Tlicho Government's Community Action Research Team to take photographs, videos, and/or voice recordings of me/or my child(ren) while I/we participate in CART activities. CART can use these photographs, videos, and/or voice recordings for reporting and describing their activities.

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

Please initial below to participate in the Tlicho Annual Youth Conference, to be held in Whati, NT

By initialing this section, I agree with "Photograph / Video / Audio Consent" and their participation _____(initials) in this program/project.

Tłįchǫ Government General Waiver and Acknowledgement Form

I,_____, Northwest Territories,

AGREE to voluntarily participate in the Tlicho Annual Youth Conference assigned by the CART team of the Tłįchǫ 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:

- I am at least nineteen (19) years of age. Parent must sign if the participant is under 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 Tłįchǫ 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.

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, I acknowledge and agree that my child/ren, will <u>NOT</u> be compensated for their participation _____(initials) in this program/project.

 Dated _______ of _____ 20___, _____ NT.

 Participant's Signature
 Print Name

 Parent/Guardian Signature
 Print Name

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

Please bring the following items:

- Warm Winter Jacket
- Towels
- Gloves
- Winter boots
- Reusable Water bottle
- Sleeping bag
- Foamy
- Pillow
- Comfortable clothes for 3 days (shirt, pants, undergarment, socks, sweaters)
- Sleepwear (pyjamas)
- Towel, soap, toothbrush, toothpaste, brush/comb, shampoo, etc.
- Bag to pack everything in...

Note: IPods, games, or any other electronic devices are permitted, with the understanding we are not responsible for damages, lost, thief, or falling in the water.