



DEHCHO FIRST NATIONS

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2015 DFN Regional Youth Camp Trout Lake, NT

Wilderness Travel Registration

Point of departure: Fort Simpson, NT
Departure Date: August 24, 2015

Location of Destination: Trout Lake Camp
Return Date to Fort Simpson: August 29, 2015

Participant Contact Information:

Name:

Age:

Birthday:

Healthcare #:

Home Address:

Community Band Membership:

Contact Phone Number(s):

Email:

Participant Travel to/from Fort Simpson

Please indicate if you will require assistance travelling to/from Fort Simpson

Participant Medical Information:

Allergies:

Medical Conditions:

Medications:

Medication dosage/instructions:

Participants Emergency Contact Information:

Name(s):

Contact Information:

Relationship to Applicant:

Photo Consent:

*refusal to sign will not comprise your participation on the canoe trip

I, _____ hereby give the Dehcho First Nations (DFN) permission to record my:

____ photograph

____ moving image

____ audio clip

And I waive any propriety rights I may have to them. I understand that the DFN may wish to use this likeness of me in a number of ways, including on websites, in publications or advertising, to provide information to the public and/or promote programs and activities, and I give them permission to do so.

I hereby release the Dehcho First Nations, its employees, agents and subcontractors from any and all claims, actions, and liability for damages, losses or expenses of any sort which may arise in connection with the use of these likenesses.

I acknowledge I have read and understood the contents of this form, and have been given full opportunity to discuss the implications of this consent of my own free will and my decisions is not based upon representations or advice by representatives of DFN.

I hereby give my consent, dated this _____ day of _____, 2015

Applicant's signature: _____

Print Name: _____

Applicant's Parent/Guardian's signature: _____

Print Name: _____

Waiver of Liability & Assumption of All Risks

Please read carefully before signing. Needs to be read and signed by each participant & their parent/guardian.

In making this application, I/we affirm that:

1. The participant's general health and physical fitness is good, and that in participating in the regional camp being offered by Dehcho First Nations & their participating partners, I/we assume as personal risks all the hazards of wilderness travel. I/We agree the risks and hazards of wilderness travel shall include extreme remoteness, equipment failure, human error and any environmental hazards such as weather, drowning, hypothermia, falls, forest fire, floods and animal attacks.
2. **In consideration of your acceptance of my/our application, I/we will not hold Dehcho First Nations & their participating partners, or their servants, employees, officers, directors and agents liable for any loss or injury to persons or property, even though such loss is caused by the NEGLIGENCE or default of Dehcho First Nations & participating partners, their servants, employees, officers, directors and agents or otherwise howsoever. I/We hereby release and forever discharge Dehcho First Nations and their participating partners, their servants, employees, officers, directors and agents from any liability whatsoever arising as a result of my/our participation in this activity, and I/we declare that this release is binding upon me/us, my/our heirs, executors, administrators and assigns.**
3. I/We understand and accept that in the case of persons under the age of eighteen years, this waiver of liability shall be signed on their behalf by a parent or guardian who thereby assumes all risks and responsibility for any loss or injury to the child.
4. I/We understand and accept that should accident or illness require me/us to be evacuated from the field by chartered aircraft, any additional costs resulting from such emergency evacuation that is not covered by insurance and/or the GNWT healthcare plan shall be borne by me/us.
5. I/We agree to indemnify and save harmless Dehcho First Nations and their participating partners, their servants, employees, officers, directors, and agents from any and all claims, demands or causes of action which may be instituted against Dehcho First Nations and their participating partners, their servants, employees, officers, directors and agents for injury and/or damage to any third parties resulting from my/our actions or inaction.
6. I/We agree to adhere to the safety and other rules stipulated by the staff of Dehcho First Nations & their participating partners during the full length of the camp.

7. I/We understand that failure to abide by the rules set out could result in the participant being expelled from the camp. I/We understand, in the event that the participant is expelled, the parent/guardian will be responsible for arranging and covering the cost of the expelled participant's travel home.
8. I/We understand and accept that this contract is to be construed in accordance with the laws of the Northwest Territories, Canada, and I/we accede to the jurisdiction of the Northwest Territories, in Fort Simpson, Canada.
9. I/We have read, understand and accept the above terms and conditions set out in this waiver of liability.

Dehcho First Nations invites all applicants to contact us if they have any questions regarding the contents of this waiver of liability.

Camp Participant:

Signed _____ Dated _____

Print Name: _____

Parent/Guardian:

Signed _____ Dated _____

Print Name: _____