

Citxw Nlaka'pamux Assembly

Ashcroft Indian Band, Boston Bar First Nation, Coldwater Indian Band, Cook's Ferry Indian Band, Nicomen Indian Band, Nooaitch Indian Band, Shackan Indian Band and Siska Indian Band

Traditional Medicine Class with Dr. Jeanne Paul March 11, 12, 13, & April 15, 2019

Registration Form

Participant Information			
First Name		Last Name	
Birthdate	Age	Gender (circle one) Male Female	Band and Band Number
Address			
Town / City / Postal Code			
Email:		Home Phone	Cell Phone
Parents / Guardians		Home Phone	Cell Phone
Youth Chaperone (If applicable)		Relation to youth:	Cell Phone

ASSUMPTION OF RISK AND INFORMED CONSENT FOR PARTICIPANTS AND ACKNOWLEDGEMENT OF RESPONSIBILITIES AND CONDITION OF REGISTRATION

Check one of the following: *

As a participant over the age of 18, I understand and acknowledge the following:

As a parent/legal guardian of a participant aged 18 or under, I understand and acknowledge the following:

In consideration of my participation, or my child's participation in this program and all of its related activities, I acknowledge and I am aware of, appreciate, and accept the inherent physical risks and the other possible RISKS, DANGERS, AND HAZARDS associated with participating in this program. This includes the possible risk of severe or fatal injury to me, my child or others. I understand that the inherent risks of sport and physical activity cannot be eliminated without jeopardizing the essential qualities of sport and physical activity. I have reviewed all of these risks, I understand them, and I still desire to participate in the program.

1. I/my child will follow all the instructions and rules given by those responsible for, or, in charge of this program and all of its related activities while I am/my child is participating in this program. I

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understand and accept that the instructions and rules are in place to provide a safe environment for the entire program and all participants.

2. I/my child will obey all the rules and regulations pertaining to this program and all of its related activities.
3. To the best of my knowledge I am/my child is physically and mentally able to participate in all activities of this program.
4. I/my child will wear full protective equipment demanded by the activity and that the equipment brought to the program meets or exceeds all minimal CSA or sport governing body standards.
5. If an injury occurs, I give permission to CNA staff and/or adult leader in charge to provide emergency first aid treatment and transport or arrange emergency transportation for me/my child to a medical facility for emergency treatment.

COMMUNICATION, MEDIA RELEASE AND PRIVACY OF INFORMATION:

I hereby grant to CNA, or affiliated bodies the right to use, without payment of any fee or charge, any written information (excluding information contained on a Medical Form), photograph, video, or other visual media of myself/my child, or program participant taken during the program activities for the purpose of furthering CNA objectives.

I understand that the CNA respect the privacy and personal information of all participants and that they will collect a limited amount of personal information for the purpose of carrying out their responsibilities as a facilitator of sport, recreation and physical activity programs. I am consenting to the collection of this information and its use by CNA for the purposes related to various events/programs throughout the year and to communicate to me about future events and activities.

FOR PARTICIPANTS OVER THE AGE OF 18 ONLY

I agree to HOLD HARMLESS AND INDEMNIFY the CNA, as the host organization, the organizers and/or its agents from any and all actions, claims, demands, losses, judgments or costs of any nature to any third party resulting from my association with the CNA sanctioned event and I agree not to make any claims or take any proceedings against any person, society, corporation or other legal entity who might claim contribution or indemnity from CNA, the organizers and/or its agents in respect of matters which are subject of this Release. I agree that this Release shall bind my heirs, executors, administrators and assigns.

By signing below, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT, that I understand, appreciate and accept the risks associated with my participation or my child's participation in this program and all of its related activities.

Participant's Name: _____

Parent/Guardian Name: _____ **Parent / Guardian Signature:** _____

City/town/community where you are completing this form: _____