



COMPLETED REGISTRATION NEEDED TO PARTICPATE IN SPRING BREAK ACTIVITES.
WIN A SELF CARE PACKAGE BY IF BROUGHT IN BEFORE MARCH 3 2023 .

General Information (Please Print)		
_____		Identify as _____
First Name	Last Name	
Address (number and street): City/Town Postal Code		Date of Birth: Month Day Year ____ / ____ / ____
Home Phone:	Cell Phone:	Email:
Name of Parent/Guardian: Guardian Contact Information (if different than above):		Band / Community / Organization:
Medical Information		
Emergency Contact Name & Number		
1. Name: _____ Phone: _____		
2. Name: _____ Phone: _____		
3. Name : _____ Phone: _____		
BC Care Card Number:		
Do you take any medicine regularly? Y N If yes, Explain: _____		
Do you have any allergies? Y N If yes, Explain: _____		
Do you have any other Health Concerns? Y N If yes, Explain: _____		
In need of transportation : Y N _____		

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY

(*Please Read Carefully – By Signing this Agreement You Are Releasing Certain Rights)

IN CONSIDERATION of being permitted to participate in the **Young Wellness Gathering** at Scwèmx Child & Family Services Society (the "Activity") I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. FULLY UNDERSTAND that: (a) The ACTIVITY INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Scw'exmx Child & Family Services Society, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessees of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim. Nothing herein shall be construed as a waiver of the Scw'exmx Child & Family Services Society.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

(Initials Here _____) *** indicating Participant or his/her parent or guardian has read the paragraph above ***

I also give the Scw'exmx Child & Family Services Society permission to photograph and video and release all images of me during this event. I am aware that photos and videoing will take place and may be distributed and/or posted within the Scw'exmx Child & Family Services newsletter and/or website /Facebook.

PRINTED NAME OF PARTICIPANT: _____

PARTICIPANT'S SIGNATURE (only if age 18 or over): _____

ADDRESS: _____
(Street) (City) (Prov) (Postal Code)

HOME PHONE: _____ CELL PHONE: _____

SIGNATURE OF PARENT OR GUARDIAN: _____

Check one: Parent: _____ Legal Guardian: _____ Other: _____ (if "Other" describe: _____)

DATE: _____



Youth Participation Agreement

Scw'exmx Child & Family Services Society

We are glad you took this opportunity to join us!! Scw'exmx Child & Family Services Society`s goal is to provide a safe, fun and positive experience for all participants. Please read through this participation agreement.

While participating, all participants shall:

- Respect the individual rights, safety, and property of others. There is a zero tolerance policy surrounding Lateral Violence and Bullying
- Respect the rules and regulations set forth by the Instructors
- Not be insubordinate to supports, elders or the leader in charge of the event, respect all decisions made.
- Not possess or use weapons, **zero tolerance** for any use of alcoholic beverages, tobacco and/or illegal drugs at any event, activity, or meeting, or remain in the presence of individuals who possess or use these items
- Abide by all rules of the attended event, activity, or meeting, curfew will be set nightly by elder in charge.
- Participate in activities to the best of her ability
- Notify support or staff person if you have a concerns or medical needs during the Young People Wellness Gathering at NVIT .

Disciplinary Action

Penalties and/or disciplinary action for infractions of this code of conduct may include any or all of the following:

- Sending youth home
- Barring that member from future activities
- Being held responsible for the cost of damages and repairs in the event of damage/destruction of property
- Releasing the member to the nearest law enforcement agency and/or the proper authorities for significant violations of Canadian Laws.

Community Chaperones will notify parent/guardian(s) of any actions taken.

By my signature below, I acknowledge receipt of this document and acknowledge that I have read and agree to abide by the guidelines in this document. I am aware that if I violate the agreement, the staff may, at their sole discretion, terminate my participation, and my parent/guardian will be contacted and required to provide me with transportation home at my own expense. Additionally, I understand that the Scw'exmx Child & Family Services Society works with other partner organizations and at its discretion may report any disciplinary action to partner organizations.

Youth Participant's Signature _____ Date _____

I give permission for my son/daughter/child to participate in the Young People Workshop that the Nicola Valley Youth Collaboration is putting together for March 20-21 2023.

Parent/Guardian Signature (required) _____ Date _____