

Nisga'a Amazing Race Youth Registration

Name:	
Male/Female:	
Grade:	
D.O.B:	
School Name:	
Home Phone:	
Medical #:	
T-Shirt Size:	
Citizenship #:	
Chaperone Name:	
Chaperone #:	

Team Name: _____

Team Members	
1.	
2.	
3.	
4.	

Parental Consent/Liability Release

PARENTAL CONSENT

The undersigned does hereby give permission for my child _____
(child's name) ("Participant"), to attend and participate in the Amazing Race Nisga'a during the period of August 22nd, 2018.

LIABILITY RELEASE: In consideration of Nisga'a Lisims Government allowing the Participant to participate in the Amazing Race Nisga'a, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Nisga'a Lisims Government, its directors, employees, volunteers from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the Amazing Race Nisga'a. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in the Amazing Race Nisga'a, being held in the four communities of the Nisga'a Nation. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Nisga'a Lisims Government for any liability sustained by said Nisga'a Lisims Government as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by Nisga'a Lisims Government. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

_____	x	_____	_____
Name of youth participant		Signature of youth participant	Date
_____	x	_____	_____
Name of parent/guardian		Signature of parent/guardian	Date

****Please Remember to Obey Speed Limit at All Times****

MEDICAL INFORMATION

YOUTH INFORMATION *(Please Print)*

Youth Full Name _____

Home Address _____

Home Phone _____

D.O.B. _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name(s): _____

Parent/guardian contact phone numbers: _____

DOCTOR/PHYSICIAN

Name: _____

Phone(s) _____ Fax: _____

CARE CARD INFORMATION

MSP/CARE CARD NUMBER: _____

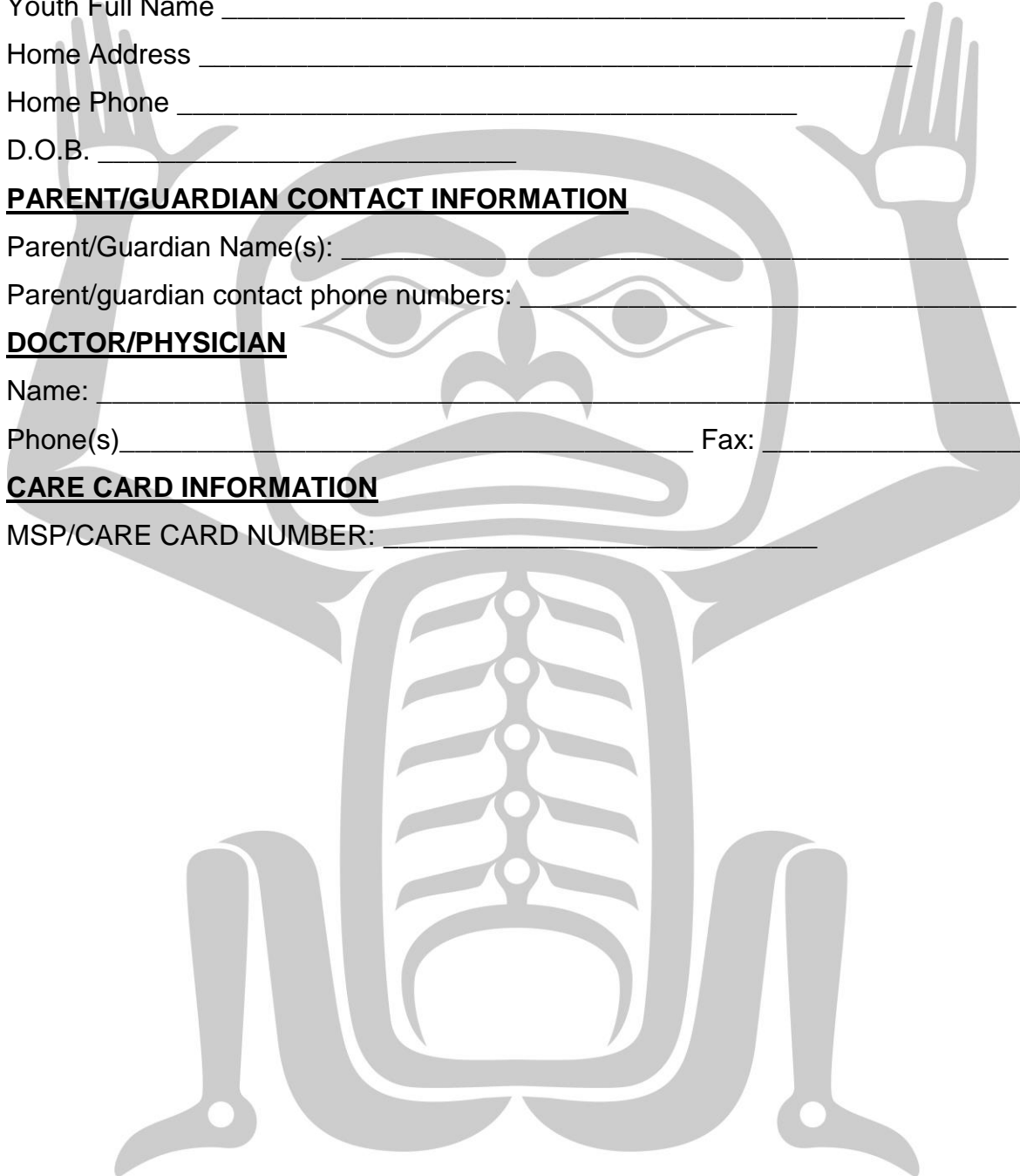


Photo Release Form for Children and Youth

I agree that Nisga'a Lisims Government may photograph and record my child/dependent's likeness and activities (Images)¹ during Nisga'a Lisims Government related activities.

I grant the following rights to Nisga'a Lisims Government: permission to use and re-use, publish and re-publish, and modify or alter the Image(s) taken during the shoot. Use of the Images for editorial, commercial, advertising, and any other purpose may be done in any medium now existing or subsequently developed, on the Nisga'a Lisims Government website and on the Internet, and worldwide in perpetuity for the purposes stated above.

I waive my right to inspect or approve any editorial text or copy that is used in connection with the Images and release and discharge Nisga'a Lisims Government from any and all claims arising out of use of the Images for the purposes described above, including any claims for invasion of privacy.

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release.

Child/Youth's Name (print)

Parent/Guardian Name (print)

x

Parent/Guardian Signature

Date

Street Address

City, Province, Postal

Parent/Guardian Email

Phone

¹ Image means all photographs, film, or other recordings taken of you as part of the Shoot.