# Youth Recreation Activity Consent Form

I, the undersigned, hereby acknowledge that certain risks of injury are inherent to participation in recreation and activities. I understand that certain activities require a minimum level of fitness and health (physical, mental, emotional, and spiritual) and that each person has a different capacity for participating in these activities. I hereby warrant my child is fit to participate in the activity and understand the choice to participate brings assumptions of risks inherent to this activity.

I agree that Tr'ondëk Hwëch'in, their employees or volunteers shall not be liable for any injury, damage or loss of property incurred to my person or that of my son or daughter arising from or in any way resulting from participation in the above-mentioned event.

I declare, having read, and understood the above informed consent agreement in its entirety, and hereby give my consent to participants acknowledging all of the foregoing.

Name of Participant_____

Signature of Participant_____

Parent or Guardian Signature_____

Witness_____

*All information provided on this form is confidential.*

**Participant Medical and Personal Information**

Name of Participant_____

Date of Birth_____

Please list any known injuries, allergies, or medical conditions we should be aware of including asthma, diabetes, back pain, etc.: _____

_____

Known Food Allergies_____

Home Phone, Email, and Box #: _____

Emergency Name and Phone_____

Please do not send any medication with your child. All medication should be labeled with name and dosage and given to a staff or supervisor. Thank you.

I, the undersigned, hereby acknowledge all given medical information to be accurate in its entirety.

Signature of Participant_____

Parent or Guardian Signature_____

Date_____

*All information provided on this form is confidential.*

## PHOTOGRAPHY RELEASE

***Name of Youth:*** _____

***Dear Parent/Guardian - Photographs and video recordings of your child may be taken at:***

_____

(Name of Activity) (Date of Activity)

Your child's image (print or video) may be recorded during this activity and the following may apply:

- ❑ This image will be used by the Tr'ondëk Hwëch'in in print or video documents that are used in professional workshops, used in web pages or used in newsletters.
- ❑ May be used in newspapers, magazines, television or shared with another government for promotional and/or educational purposes.
- ❑ In some cases the youth may be identified.

<u>Please check one of the following and return the signed form to the Tr'ondëk Hwëch'in Cultural Education Coordinator</u>:

- ❑ I am in agreement with my child's image being used in the manner(s) explained above and give my authorization to do so.
- ❑ I am <u>not</u> in agreement with the use of my child's image and do not give my authorization to do so.

Date:_____

Printed name of Parent/Guardian:_____

Signature of Parent/Guardian: _____