

First Nation of Na-Cho Nyak Dun
Box 220 Mayo, Yukon Y0B 1M0
Tel: (867) 996-2265 Fax: (867) 996-2028
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PARENT CONSENT FORM

RE: FNNND Children Day Camp Day Trips Date: June 19-August 24, 2018_

NAME OF PARTICIPANT: _____ **BIRTH DATE:** _____

HEALTH CARE CARD #: _____ **TELEPHONE NO:** _____

ADDRESS OF PARTICIPANT: _____

HEALTH CONCERNS/ALLERGIES: _____

EMERGENCY CONTACT NAME: _____ **RELATIONSHIP:** _____

TELEPHONE OF EMERGENCY CONTACT: _____

DISCLAIMER

I AGREE THAT the First Nation of Nacho Nyak Dun Government, its officers, directors, agents, contractors, employees, trainers, volunteers, members and representatives (the "NND") are not responsible for any injury, loss or damage of any kind sustained by any person while participating in any and all activities, events, or social activities sponsored or attended by the NND (the "Activities"), including injury, loss or damage which might be caused by the negligence of the NND.

I AGREE TO RELEASE THE NND from any and all liability from any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of my participation in the Activities due to any cause whatsoever, including negligence, breach of contract, or breach of any statutory or other duty of care.

I AGREE TO HOLD HARMLESS AND INDEMNIFY THE NND from any and all liability for any damage to the property of, or personal injury to, any third party, resulting from my participation in the Activities.

I AGREE TO HOLD HARMLESS AND INDEMNIFY THE NND in connection with the services and/or incidents/accidents of any vehicle, vessel, carriage, aircraft, bus, privately owned or rented motor vehicle or other conveyance, which may be used during my participation in the Activities. Neither will the NND assume any liability for any injury loss, accident or delay which may be occasioned by reason of any defect in any mode of transportation or through the act, error, neglect, negligence or default of any company or person engaged in transporting persons to the Activities.

MEDICAL/HEALTH & TRAVEL INSURANCE

I AM SOLELY RESPONSIBLE to select and purchase adequate travel insurance when and if required. The NND will provide no travel insurance. The travel insurance should provide cover against theft, personal accident, personal liability, repatriation and cancellation of travel. The NND accepts no responsibility for any costs associated with these types of problems nor will they pay for any expenses that may be incurred relating to these matters.

I freely accept and assume all responsibility to provide myself with medical/health and travel insurance coverage. Initials: _____

ACKNOWLEDGEMENT

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators and representatives.

SIGNED THIS _____ **day of** _____, 2018, at Mayo, Yukon.

Signature of Parent or Guardian

Signature of Youth Participate