

ADAMS LAKE INDIAN BAND

ALIB FAMILY RETREAT

ADAMS LAKE BAND HEALTH AND WELLNESS ARE HOSTING THE ANNUAL FAMILY RETREAT AT THE MONTEO RESORT: MARCH 13, 14, & 15TH, 2020.

FOCUS FOR OUR FAMILIES THIS YEAR WILL BE ADDICTIONS, AUTISM, FASD, WELLNESS AND CULTURE.

PLEASE REGISTER WITH ONE OF THE SOCIAL WORKERS, MANDATORY ACTIVE PARTICIPATION IN ALL WORKSHOPS AND ACTIVITIES.

THIS IS AN ADAMS LAKE INDIAN BAND EVENT AND AS A REPRESENTATIVE OF OUR COMMUNITY WE WILL EXPECT FAMILIES TO BE OF RESPECTABLE BEHAVIOR AT THE MONTEO RESORT.

PLEASE HAVE REGISTRATIONS IN BY IN BY FRIDAY FEBRUARY 21, 2020.

Monteo Resort is located in Kelowna BC: Address: 3762 Lakeshore Road, Kelowna BC. V1W 3L4

Please note there are limited spaces available and spaces will fill up fast. Families will be contacted to whether they will be participating in this event after the deadline. Applications can be picked up either at ALIB Wellness or the Band office in Switsemalph.

Please Contact Jolene Anderson (250) 253-1773 or
Natasha Billy (236) 586-3970

Adams Lake Indian Band Family Retreat Consent & Release Form

Name:	DOB
Family Doctor:	PHN#

In consideration of travelling to and participating in the Family retreat March 13-15 2020 agree to this consent and release of claims, waiver of liability, photo release and assumption of risks.

I hereby give my consent and acknowledge by my signature that:

1. I have read the description of this activity, described below, and I am aware and accept the inherent risks associated with this activity and the possibility of personal injury, death, property damage or loss resulting from this activity. The risks may include, but are not limited to:

- Cultural Teachings
- Healing Exercises
- Various Forms of Physical Activity

2. I am physically fit to engage in this activity.

3. I have discussed the risks and possible consequences of participating in this activity and am satisfied that I fully understands those risks and consequences.

4. I consent to any emergency medical treatment which I may require in the event of an injury, accident or illness during this activity and agree to bear any costs and expenses associated with such treatment. I have the following medical, physiological and allergy concerns:

5. I waive any and all claims I may now or in the future have, release from all liability and agree not to sue ALIB or Sexqeltqin Health Center, its officers, directors, employees, volunteers, for any costs or losses, personal injury, death, property damage sustained, incurred or suffered by me as a result of any act or omission of the Bands in relation to or arising out of my participation in this activity. I recognize that releasing the Bands from liability prevents me from claiming any money from the Bands, or Women Gathering Committee.

6. I agree to indemnify and hold harmless the Bands, and Committee from and against any and all claims, actions, proceedings, damages, injuries, liabilities, costs and expenses (including reasonable legal fees), relating to my acts leading wholly or partially to claims against the Bands, and Women's Gathering Committee by third parties, regardless of the type of claim or the nature of the cause of action.

7. I am 19 years of age or older and have read and understand the terms and conditions contained on both sides of this Consent and Release agreement and accept that it is binding on me, my heirs, executors and administrators.

8. For Minors, parents/guardians please sign for their children, and list below (ages 18yrs and below).

9. I grant permission for The Adams Lake Indian Band and the communities they work with, to use images of myself in their publications, both print and electronic.

Child(ren) _____

Name (please print) _____

Signature: _____ Date: _____

Last Name: _____ First Name: _____

Address: _____

City/Town: _____ Postal Code: _____

Contact #: _____ Email: _____

PHN#: _____

Additional Family Members Attending with you:

Name:	Age	Personal Health #	Relation

In Case of Emergency

Last Name: _____ First Name: _____

Relation: _____ Contact #: _____

Medical Information:

Allergies, Food Sensitivities & Dietary Restrictions: _____

Please know that participants are responsible to monitor their own food intake for potential allergens-when unsure of ingredients, please ask staff or cooks.

Authorization and Consent

I will take full responsibility for my health and wellbeing as well as my child(ren) during the Family Retreat workshops. I will give 100% in my participation during group activities and events.

Signature: _____ Date: _____