

Parent/youth Consent Form for the Adams Lake Indian Band Youth Programs from  
**April 1<sup>st</sup>, 2021, to March 31<sup>st</sup>, 2022**

---

During the period from April 1<sup>st</sup>, 2021 to March 31<sup>st</sup>, 2022; the Youth Participants will be required to participate in group activities on IR# 4, IR#6, Kamloops and Salmon Arm and surrounding areas.

While every obvious level of safety has been taken into consideration for the protection of the Youth participants, we recognize that unforeseeable events do occur.

**Parent / Guardian Agreement:**  
**WAIVER AND RELEASE OF ALL CLAIMS**

I/We the undersigned (print parent/guardian name) \_\_\_\_\_ parents/guardians of \_\_\_\_\_, a minor, do hereby authorize the participation of, and accept responsibility for the attendance of said minor, and all activities in connection therewith of the Youth programs offered by the Adams Lake Indian Band. I/We certify that our son/daughter is in good health and is able to participate in the events.

I recognize and acknowledge that there are certain risks associated with my child's participation in the programs offered by the Adams Lake Indian Band, and I agree to assume any and all risk of injuries, damage, or loss, to either myself or my child's person or property which may sustain as a result of participation in the ALIB youth programs.

I hereby full and forever release and discharge the Adams Lake Band and its employees or any other person or persons performing any service whatsoever for the above event, from any and all claims for injuries, damage, or loss, which may now have or will have in the future, arising out of, or in any way have been associated with the activities of the program listed above.

**I/We agree to allow photographs taken by personnel to be used in publicity, including display boards, booklets, press releases, brochures and Facebook. Please initials \_\_\_\_\_**

I/we authorize the staff, agents or employees of the Adams Lake Indian Band to administer first aid and to seek all necessary medical attention for the youth named in this agreement in the event the parent/guardian cannot be reached in a timely manner. I also agree to keep the emergency contact information updated.

\_\_\_\_\_  
Parent or Guardian signature                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
Contact #                      Relationship                      Date

**Youth Participant Agreement:**

1. I agree to take responsibility for my personal safety and will ***behave in a responsible and respectful manner.***
2. I agree to be respectful toward the Chaperone/staff, other Parents and Youth.
3. I will be respectful Adams Lake Band Recreation and Gym **Rules.**
4. While traveling to and from Program activities, I will conduct myself in a respectful and responsible manner.
5. I will participate fully in all group activities of any event that I am signed up for.
6. I will not use Alcohol or Drugs or Chewing tobacco or Smoke during youth activities.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Youth please sign here when you have read and understood the agreement)

**Medical Information:**

Childs Full Name \_\_\_\_\_ DOB: \_\_\_\_\_

Care Card #: \_\_\_\_\_ Status # \_\_\_\_\_

Emergency Contact Name and Number- \_\_\_\_\_  
Emergency Contact Name and Number \_\_\_\_\_  
Are you aware of the Child having any allergies or food sensitivities of any kind? Y / Ni f yes please state \_\_\_\_\_