



# HAIDA GWAII YOUTH ASSEMBLY

September 26-28, 2019

HiGaagilda Skidegate - George Brown Community Hall

## 2019 REGISTRATION FORM

**Registration Deadline is Wednesday September 13, 2019.**

Please return completed forms to the Skidegate Youth Center, Old Massett Youth Center, CHN Administration Office or by email to: [eve.hansen@haidanation.com](mailto:eve.hansen@haidanation.com)  
Regional participants can return completed forms to their Regional Representative.

### PARTICIPANT INFORMATION

Name:	Age:
Birthdate(mm/dd/year): ___/___/___	Village/Town:
Email:	
Trasportation Required? yes <input type="checkbox"/> no <input type="checkbox"/>	Accommodation Required? yes <input type="checkbox"/> no <input type="checkbox"/>

### MEDICAL INFORMATION

Emergency Contact (please provide two)

Name	Number	Relationship to Participant

Allergies:

Other Medical Conditions or Physical Limitations:

**SELECT A TEAM**\*please number your top 3 choices, 1 being your first choice\*

Team Forestry		Team Finance and Admin	
Team Energy		Team Policy	
Team Oceans		Team Communications	
Team HaiCo		Team Rediscovery	
Team Gwaii Haanaas		Team Governance	
Team Fisheries		Team Media: Contact Patrick Shannon directly at <a href="mailto:evilpatrick@me.com">evilpatrick@me.com</a>	

Elections will take place on September 26th at the Youth Assembly. Voting for 1 President, 1 Vice President, 4 North Reps, 4 South Reps, 2 *Kxeen Prince Rupert* Reps and 2 *T'agwan Vancouver* Reps. If you would like to run for an elected position, please fill out a Nomination Declaration form.  
**Nomination Deadline is September 13, 2019**

**IMPORTANT NOTE: This form must be completed and submitted for each registrant.**

---

**PARTICIPANT WAIVER, RELEASE, INDEMNITY AND CONSENT**

---

**Please read carefully:**

I am aware that, by taking part in the Haida Gwaii Youth Assembly youth event from September 26-28, 2019 offered by the Council of the Haida Nation and their partners/affiliates, I may be exposed to the possibility of injury, death, or other losses, including property damage. I willingly accept and assume all such risks, dangers, and hazards associated with my participating in such programs and activities, and the possibility of personal injury, death or loss which may result, directly or indirectly, from my participation. I hereby remise, release and forever hold harmless the Council of the Haida Nation and its partners/affiliates, employees, officers, leaders, agents, or representatives from all manner of actions or claims in relation to such risks and any associated injury, death or other loss including, without limitation, where any injury, death or loss is the direct or indirect result of negligence or gross negligence by the such employees, officers, leaders, agents or representatives. I hereby remise, release and forever hold harmless the Council of the Haida Nation and partners/affiliates from any and all liability for any damage to property of, or personal injury to, any third party resulting from my participation in the recreational programs and activities.

In entering into this agreement I am not relying on any oral, written or visual representations or statements made by the Council of the Haida Nation or their partners/affiliates.

I will inform the Council of the Haida Nation and their partners/affiliates and any leader or employee as required, of any medical, psychological or physical conditions which may affect my ability to participate in any program or activity.

I confirm that I am aged 19 years or older, and that I have read and understood this agreement prior to signing it, and agree that this agreement will be binding upon my heirs, next of kin, executors, administrators and successors. I agree that this agreement will be governed by and interpreted in accordance with the laws of British Columbia and Canada, as applicable. If the applicant is below 19 years of age, the parent or legal guardian signing consent to this agreement acknowledges and confirms that the applicant may participate in the Haida Gwaii Youth Assembly event offered by the Council of the Haida Nation and their partners/affiliates, and that the participant release, waiver, indemnity and consent contained in this agreement applies to and is binding on the parent or legal guardian, and the indemnity extends to include any claim or action brought by any person associated with the applicant, or by any person on behalf of the applicant, or by any third party suffering any loss as a result of the actions of the applicant.

I understand that this waiver will be retained by the Council of the Haida Nation and their partners/affiliates and will be valid for one year after the date signed below.

**Photograph/Media Release:**

I give permission for the applicant's photograph/video to be used by the Council of the Haida Nation and their partners/affiliates for promotional and reporting purposes:

YES                       NO

Participant's Name: \_\_\_\_\_ Participant's Signature: \_\_\_\_\_

Witness' Name: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

Parent/Guardian Name (if participant is under 19 years old): \_\_\_\_\_

Parent/Guardian Signature (if participant is under 19 years old): \_\_\_\_\_

Parent/Guardian Contact Number: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Date: \_\_\_\_\_