## Indigenous Youth Leadership Training – Empowering Future Leaders Permission/Liability Form

Wednesday, August 26 – Thursday, August 27, 2015

I hereby give my permission for	
I acknowledge and assume all risks associated with the activities that my son/daughter will engage in. I have read and fully understand this waiver and in consideration of the acceptance of my entry, for myself and anyone legally acting on my behalf, I waive and release all event related organizations, its employees, directors, officers, volunteers, agents, successors and assigns, and all sponsors, from any and all claims, liabilities or causes of action, including without limitation, death, bodily injury, property damage, or any other loss, damage or any inconvenience whatsoever, arising from my participation in the activities featured this event.	
In the event of illness or injury, I do hereby consent to whatever medical treatment and hospital care are considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical services.  □ I am over the age of 18. I have read the above and fully understand its contents. □ I am the parent or guardian of a minor. I have read the above and fully understand its contents.	
Participant name	Participant age
Participant address	Participant phone
Emergency Contact Name	Emergency Contact Name
Signature of participant	Date
IF UNDER THE AGE OF 18, A SIGNATURE OF A PARENT/GUARDIAN IS REQUIRED FOR PARTICIPATION.	
Signature of parent/guardian	Date
Relation to subject (if subject is a minor)	