STELLAT'EN FIRST NATION

YOUTH SERVICES PROGRAM

Consent Form

Completion of this Consent Form is required before you or your child can participate in the activities offered by Stellat'en First Nation Youth Services Program. Stellat'en First Nation Youth Services Program provides recreation, culture, education and wellness programs for Stellat'en First Nation youth.

Dates : APRIL 4 , 2025

What: ALL CLANS BAHLATS

Location: NEW COMMUNITY HALL

Activities: LEARNING ABOUT OUR TRADITIONAL GOVERNING SYSTEM

ALL AGES WELCOME AS LONG AS YOUR TEACHING OR ACCOMPANYING A YOUTH

REGISTRATION IS REQUIRED

0-8 can attend with parental supervision

Parents are welcome !

Please review the information about the Activity and contact Chastity Casimel, Youth Support Worker, if you have any questions.

If Youth is under 19 years of age, Youth's Parent and/or Legal Guardian To Complete this Section

I acknowledge that I have been informed of, and understand, the benefits and risks associated with the Activity for my child offered by the Stellat'en First Nation Youth Services Program.

I consent for my child to take part in the Activity described above. I have notified the Band Office of any physical, medical problems and food allergies which might interfere with my child's participation in this activity.

I assume all risks of harm for my child to participate in this activity, including exposure to and illness from transmittable diseases like COVID-19.

I agree to indemnify Stellat'en First Nation from any damage or legal claims that may result from my child's participation in the Activity.

I waive and release Stellat'en First Nation of any and all legal liability that may result from my child's participation in this activity.

I agree and authorize Stellat'en First Nation or the Carrier Sekani Family Services Society to use my child's name, photographs of my child and any video or audio recording of my child, including for advertising, promotion, publicity, publications, social media or public displays.

Youth's Name:	
If Youth is **under** 19 years of age, Parent and/or Legal Guardian's Name and Signature:	
Date Signed:	

If adult Youth is 19 years of age or older, Youth To Complete this Section

I acknowledge that I have been informed of, and understand, the benefits and risks associated with the Activity offered by the Stellat'en First Nation Youth Services Program.

I consent to take part in the Activity described above. I have notified the Band Office of any physical, medical problems and food allergies which might interfere with my participation in the Activity.

I assume all risks of harm to me to participate in this Activity, including exposure to and illness from transmittable diseases like COVID-19.

I agree to indemnify Stellat'en First Nation from any damage or legal claims that may result from my participation in the Activity.

I waive and release Stellat'en First Nation of any and all legal liability that may result from my participation in this activity.

I agree and authorize Stellat'en First Nation or the Carrier Sekani Family Services Society to use my name, photographs of my portrait and any video or audio recording of my portrait, including for advertising, promotion, publicity, publications, social media or public displays.

Youth's Name:	
If Youth is 19 years of age or older, Youth's Signature:	
Date Signed:	

Personal information is collected and used under the authority of the BC *Personal Information Protection Act* for the purpose of administering recreation, culture, education and wellness programs for youth.