



LAKE BABINE NATION
Child & Family Services

GOING M.I.L.L.E.S YOUTH CONFERENCE
July 16, 17 & 18/2024
PARTICIPANTS REGISTRATION FORM

Name: _____ Status #: _____

Date of Birth: _____ Gender: (circle One) Male/Female

Band Name: _____ Age: _____

Community: Wit'at Tachet Woyenne Other: _____

Mailing Address: _____

Parents/Guardian: _____ Contact: _____

Social Worker: _____ Contact: _____

School: _____ Grade: _____

Do you have any food allergies and/or any medical information that we need to know?

Emergency Contact Information:

Name: _____ Relationship: _____

Phone Number: _____

I give permission for (child's name) _____ to attend the GOING

M.I.L.L.E.S Youth Conference on (date) _____

Parent's/Guardian's Signature

Date



Lake Babine Nation Child & Family Youth Conference

WAIVER & RELEASE OF LIABILITY

In the consideration of the Lake Babine Nation Child & Family Department accepting my registration and allowing me to participate in the Youth Conference, I myself, my heirs, executors, administrators and assigns hereby agree to:

1. **RELEASE** the Lake Babine Nation: its partners, volunteers, servants, agents, employees and other participants of the event (all of whom are hereinafter collectively referred to as the "Releases"), from any and all claims, actions, costs, demands and expenses arising out of or in consequence of any loss, injury, damage and/or death to my person or personal property incurred while attending at or participating in the event, notwithstanding that any such loss, injury, damage and/or death may result from the negligence of the Releases. In addition, permission is granted to administer any medical treatment that may be required.
2. **WAIVE ANY AND ALL CLAIMS** that I, my heirs, executors, administrators, insurers, successors, and assigns have or may have in the future against the Releases.
3. **GRANT** to the Lake Babine Nation, the right to use, without payment of any fee, charge, or compensation of any kind, including royalties, and all written information, and/or any and all photographs, video tape or other visual media of myself taken during the event for non-commercial, promotional purposes, educational programs and I also agree to waive any right to approve such use.

I understand the rules and regulations are designed for the safety and protection of participants and hereby agree to abide by the rules, regulations set by the Boat operators. I have read this release of liability and assumption of risk agreement, and fully understand its items, I understand that I have given up substantial rights by signing it, and sign freely voluntarily, without an inducement.

PRINT Youth NAME

PARENT/LEGAL GUARDIAN - For participants under the age of 18 the following must be completed by his/her parent or guardian

I, as the parent/legal guardian of the participant named above and herein, agree to assume the full responsibility to instruct my child of the risks involved, and to inform him/her of the importance of abiding by the rules and regulations of the event. I, as the parent/legal guardian of the participant named herein, hereby declare that I have read, understood and agree to the contents of this Waiver and Release of Liability in its entirety.

PRINT Guardian NAME

Guardian SIGNATURE

DATE



LAKE BABINE NATION
CHILD & FAMILY SERVICES

PHOTO RELEASE FOR MINORS (18 AND UNDER)

Child and Family has my permission to use my child(ren)'s photograph publicly for program reports. I understand the photo's may be used in print publications, online publications, presentations, LBN websites and social media. I also understand that no fees or other compensation shall become payable to me by reason of such use.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Child(ren)'s Name:

PHOTO RELEASE FOR ADULT

Child and Family has my permission to use my or my child(ren)'s photograph publicly for program reports. I understand the photo's may be used in print publications, online publications, presentations, LBN websites and social media. I also understand that no fees or other compensation shall become payable to me by reason of such use.

Name (please print): _____

Signature: _____ Date: _____

Telephone Number: _____