

Waiver Form

Participation in the Aboriginal Youth Economic Development Workshop may involve various sports, games, and physical activity. The very nature of these activities have the potential to cause damage or bodily injury.

If under 18 years, I \_\_\_\_\_ (the "Participant") consent to participate in this workshop and I agree to and do hereby indemnify, save harmless and release the Deton 'Cho Corporation its employees, agents and representatives from any and all claims, actions, costs, expenses and demands of whatsoever in respect of loss, damage, bodily injury, or death to persons, including the Participants and/or to the property of Deton 'Cho Corporation which may arise out of or in connection with the Participant's participation in the workshop unless such loss is occasioned by or attributable solely to the gross negligence of those persons.

I further confirm that any medical condition or medication requirements of the Participant, of which I am aware, have been disclosed on this form. This is also my permission for staff to make arrangements for qualified surgical or medical attention for my self/child in the event of an emergency without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised. I also consent to any or all photo's to be used for the purpose of publication.

Participant Name: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

(If under 18 years of age)

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

Medical Information

Health Care # \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please indicate below of any medical conditions we should be aware of that may affect your participation in this workshop:

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Please indicate below of all current medications being taken:

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Name of Doctor:

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Name of Application: \_\_\_\_\_

Signature: \_\_\_\_\_

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