'Showcasing our successes to encourage the next generation'



The first Įdaà Ts'ade Academic Summit will be held in Behchokò, NT on June 24-30, 2018. This opportunity will empower the next generation of change makers through education, mentorship and traditional knowledge. This will give our youth an opportunity to network with elders and mentors from both academia and traditional knowledge. To ensure that your application is considered please fill out all required fields before the **deadline**; May 30th, 2018.

APPLICATION CHECKLIST	
Completed the following:	
Section A – Registration Form	
Section B – Roles and Responsibilities	
Section C – Photo/Video/Audio / Media Consent Form	
Section D – Waiver and Acknowledgement Form	
Section E – Resume	
RESUME	

Please attach a copy of your current resume to your application. We encourage you to highlight your education and training, and other information such as personal interests, hobbies and any other meaningful personal achievements.

Contact

We are here to support you. If you need more information or have questions please contact:

- antoniadryneck@tlicho.com (867)447-0721
- janellenitsiza@tlicho.com (867)446-9320

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	Section A	– Registration Form	
1. Name of Applica	ant:		
	First I	Name, Last Name	
2. Applicant Inforn			
Date of Birth:	(day /month/ year/)	Age:	Shirt Size: Unisex Sizes
3. Contact Informa	ition of the Applicant:		
Email contact:	Daytime Pho	ne No:	Evening Phone No.:
Mailing Address			
4. Education			
Highest Level of Education	on Completed:		Year of completion: (if applicable)
5. Additional Infor			
Please provide name of a where you will stay durin (Billet will be paid after summ	ng the summit:		
Please list any dietary restrictions or allergies:			
6. Emergency Cont	tact:		
Contact Name A:			
Phone No.:		Alternate Phor	ne No.:
Contact Name B:			
Phone No.:		Alternate Phor	ne No:

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Section B - Roles and Responsibilities

PARTICIPANTS: The participants will agree to assist and fully engage in the Academic Summit with an open mind and remain unbiased. They will share best practices and ideas on culture, language, traditions and revitalization of our way of life. They will share preeminent observations of our traditional practices, on the land activities, current social issues to represent the Tłycho in a professional, compassionate, and friendly matter.

ROLES:

- To participate in discussion; and to have patience and respect when others are speaking
- To provide your thoughts and visions around key discussion topics
- To have fun and enjoy this unique opportunity
- To learn from our esteemed elders and show respect to their teachings
- To show respect to the lands and waters we travel on

RULES:

These rules apply to all participants, presenters, elders and staff in attendance

- Participants must be in attendance at all scheduled activities; keynote lectures, testimonial speeches, breakout sessions, traditional activities, on the land activity
- Participants are expected to conduct themselves in a respectful and professional manner as they are accountable for their behaviour
- Participants are expected to be on time for all of the events
- All participants will avoid the use of <u>Alcohol and Drugs</u> during the Academic Summit and participate with a clear mind

ELDERS/PRESENTERS:

ROLES

- Will provide guidance to participants
- Will provide personal journeys to success to help participants build an understanding of it
- Will participate and engage in activities scheduled
- Will have respect and an open heart when engaging with participants and others involved

COMMITTEE/STAFF SUPPORT:

ROLES

- Will cover the cost of transportation, accommodations and meals not offered during the summit for all involved in summit
- Will host and facilitate the lecture series and provide supporting materials
- Will participate and respect those presenting and participating in summit
- Will act as liaison for youth in attendance and provide follow up on summit outcome

Please sign below to confirm that you have read and agree to the roles and responsibilities section of the Academic Summit trip:

Print Name:	Signature:

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Section C – Photo / Video / Audio / Media Consent Form
I,, give my permission to the Tłįchǫ Government's, Įdaà Ts'ade
Academic Summit committee to take photographs, videos and/or audio recordings of me/or my child(Ren) while
I/we participate in the Academic Summit scheduled to run from June 24 th – June 30 th , 2018 in and around the
Behchoko, NT area.
Tłįchǫ Government's, Įdaà Ts'ade Academic Summit can use these photographs, videos, and/or audio recordings
for reporting and describing their activities on social media pages administered by Tłįchǫ Government:
 I understand that I can specifically request them NOT to use my photograph, videos or comments. I also understand that there will be no compensation or remuneration for photos, videos and/or audio taken during this time. Please sign and date this section if you are 18 years or older:
Signature of Applicant applying for Tłıcho Citizenship (18 years and older)
I certify that the information provided is, to the best of my knowledge, true, correct and complete.
Print Name Signature Date
Signature of Parents/Guardians/Legal Representative of Applicant (is 19 years and under)
I certify that the information provided is, to the best of my knowledge, true, correct and complete. I acknowledge that I am submitting this information voluntarily on behalf of the minor applicant.

Signature

Print Name

Date

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	Section D - Waive	er and Acknowledgen	nent Form
l, (Name)	of (Community)	, Nort	hwest Territories,
AGREE to voluntarily part assigned by the	icipate iii tiic	ade Academic Summit TG POSITION) of the T	(Name of Program) (the "Activity") łįcho Government.
traverse and transport to	and from sites, expose	s me to many inheren	g in the Activity, which includes my at risks, dangers and hazards and I agree erty damage, whether those risks are
Specifically, I understand,	agree to and acknowle	edge the following:	

- 1. I am at least nineteen (19) years of age.
- 2. I accept complete responsibility for the inherent risks associated with the Activity that I have voluntarily chosen to participate in and I acknowledge that I am fully aware of such risks.
- 3. I accept and acknowledge that Tłįchǫ Government, its officers, directors, employees, agents and officials assume no responsibility whatsoever for my personal safety or loss of personal property.
- 4. I release Tłįcho Government, its officers, directors, employees, agents and officials from all liability, including liability for negligence, for personal injury, illness, death and/or property loss, however caused and sustained by me while participating in activities related to the Activity, expressly including, but not limited to, any personal injury, illness, death and/or property loss sustained during or in connection with transportation to and from such activities.
- 5. I will not make any claim or commence any legal proceedings against Tłįchǫ Government and/or its officers, directors, employees, agents and officials for damage resulting from personal injury, illness, death and/or property loss, however arising and sustained by me while participating in activities related to the Activity, including any damage arising during transportation to and from such activities.
- 6. I acknowledge and agree that Tłįchǫ Government, its agents and assigning agencies will not be held responsible for any accident caused by me the undersign during the performances of my participation in the Activity and I agree that neither the Tłįchǫ Government, their agents or their assigning agencies shall have my liability for any loss, injury, damage or death caused by me.
- 7. This Waiver and Acknowledgement Form binds my heirs, executors, administrators, and assigns.

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8. I acknowledge that I may be provided with a stipend or honorarium with respect to my participation in the Activity and I further expressly acknowledge that acceptance of said stipend or honorarium in no way makes me an employee of the Tłįchǫ Government or of any Tłįchǫ Government entity.

Dated on		of	2018,		NT.
	(Month)	(Da	y)	(Location)	
			l		
(Parti	cipant's Signature)	(Witness	Signature)	
Each Particip Form	oant must read, ur	nderstand, cor	mplete and sign t	he attached Wai	ver and Acknowledgement
			Section E – Res		