



Tłıchǫ Government
Department of Healing & Community Wellness

APPLICATION FORM
2024 Tlıcho Youth Wellness Journey Camp

(*You must be between 13-18 years or older to apply for this program*)

APPLICANT INFORMATION:

Name of Applicant:	First Name	Last Name	Phone:	
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Mailing Address:	PO Box	Community	Prov/Terr	Postal Code	Date of Birth:	(dd/mm/yy)
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Name of Caregiver:		Age of Applicant:		Relationship:	
Guardian Name & Signature				Phone:	

Which community are you from?	Behchokò (Yellowknife) _____ Whatì _____ Gamètì _____ Wekweètì _____
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Do you need accommodation while in Yellowknife?	Yes	No
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Responsibility of the Caregiver/Guardian

Notice: During the camp (August 12-16) it is the responsibility of the caregiver/guardian of the participant to drop-off at the designated muster point 9:00 a.m. and pick up at 5:00 p.m. each day of the event.

Do you agree ? Yes

ZERO Tolerance Policy

Notice: There will be no alcohol or drugs allowed during camp activities. Use of drugs and alcohol in this program, is both unsafe and disrespectful. Anyone caught bringing or using drugs or alcohol on the trip, will be removed from the camp as soon as possible and possibly banned from future Tłıchǫ Government meetings and On The Land Camps.

Initial _____

Next steps after submission: An Arctic Indigenous Wellness Foundation representative will contact approved participants and send camp details such and itineraries and supplies list along with a possible request for more information.

Tłıchǫ Youth Wellness Journey begins: Monday, August 16 at 9:00 am

SUBMITTED BY:

Name: _____ Signature: _____ Date: _____

Email: _____ Phone: _____

APPLICATION SUBMISSION DEADLINE:
Friday, July 12th for Tłıchǫ Youth Wellness Journey

Submit your application in-person to the
Department of Healing & Community Wellness

For further information about the camp from your community, please contact:

Lena Moosenose lena.moosenose@tlicho.ca



TŁIČHQ GOVERNMENT GENERAL WAIVER AND ACKNOWLEDGEMENT FORM

I, _____ of _____, Northwest Territories,
(Guardian / Caregiver) (Community)

AGREE to engage in the _____ on a voluntary basis
(Youth Wellness Journey / YOUTH NAME) (the "Activity")

assigned by the Tłıchq Government's _____
(Department)

In participating in the Activity I agree that I am aware that participating in the Activity, which includes my traverse and transport to and from sites, exposes me to many inherent risks, dangers and hazards and I agree to assume any and all risks of bodily injury, illness, death and/or property damage, whether those risks are known or unknown.

Specifically, I understand, agree to, and acknowledge 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 Tłıchq Government, its officers, directors, employees, agents, and officials assume no responsibility whatsoever for my personal safety or loss of personal property.
4. I release Tłıchq Government, its officers, directors, employees, agents, and officials from all liability, including liability for negligence, 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 Tłıchq 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 Tłıchq 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 Tłıchq 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.



TŁICHQ GOVERNMENT GENERAL WAIVER AND ACKNOWLEDGEMENT FORM

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 Tłichq Government or of any Tłichq Government entity.

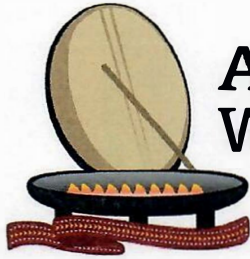
I expressly agree that I have fully read, understood, and agree to all terms of this Waiver and Acknowledgement Form. I further expressly agree that if I do not agree with any of the terms set forth herein, I shall not participate in the Activity.

Dated on _____ of _____ 20____, _____ NT.
(Day) (Month) (Location)

(Participant's Signature)

(Witness Signature)

Each Participant must read, understand, complete, and sign the attached Waiver and Acknowledgement Form



ARCTIC INDIGENOUS WELLNESS FOUNDATION

Parental Consent Form Arctic Indigenous Wellness Foundation (AIWF)

Participant Information:

Name of Child: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Parental/Guardian Information:

Name of Parent/Guardian: _____

Relationship to the Child: _____

Phone Number: _____

Email: _____

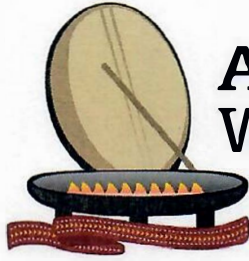
Consent for Participation: I, the undersigned, as the parent/legal guardian of _____ (child's name), hereby give my consent for my child to participate in the programs and activities organized by the Arctic Indigenous Wellness Foundation (AIWF). I understand that the program involves traditional healing practices and modern therapeutic interventions designed to support the mental health and well-being of Indigenous youth.

Acknowledgment and Assumption of Risks: I acknowledge that participation in the AIWF program may involve certain risks, including but not limited to physical, emotional, and psychological stress. I understand that while AIWF takes all necessary precautions to ensure the safety and well-being of participants, some risks are inherent to the nature of the program.

Medical Information: Does your child have any medical conditions, allergies, or dietary restrictions that we should be aware of? Yes No If yes, please provide details:

Emergency Contact Information:

P.O. Box 603, Yellowknife, NT X1A 2N5
Website: www.arcticindigenouwellness.org
Email: info@arcticindigenouwellness.org



ARCTIC INDIGENOUS WELLNESS FOUNDATION

Emergency Contact Name: _____

Relationship to the Child: _____

Phone Number: _____

Authorization for Medical Treatment: In the event of an emergency, I authorize AIWF staff to secure medical treatment for my child. I agree to be responsible for any medical expenses incurred.

Release of Liability: I hereby release and hold harmless the Arctic Indigenous Wellness Foundation, its staff, volunteers, and affiliates from any and all liability, claims, demands, or causes of action that may arise from my child's participation in the program, except for cases of gross negligence or intentional misconduct.

Consent to Photography and Media: I consent / do not consent (please check one) to the use of photographs, videos, and other media of my child's participation in AIWF activities for promotional and educational purposes.

Signature: By signing below, I acknowledge that I have read, understood, and agreed to the terms outlined in this consent form.

Parent/Guardian Signature: _____

Date: _____

Contact Information: For any questions or concerns, please contact us at: Arctic Indigenous Wellness Foundation Phone: _____

Email: _____

Thank you for your support and cooperation.

Best Regards,

Management, The Arctic Indigenous Wellness Foundation, Yellowknife, NWT