



Tłıchǫ Government
Department of Healing & Community Wellness

APPLICATION FORM
2025 Tłıchǫ Youth Wellness Journey Camp

(*You must be between 12-18 years or older to apply for this program*)

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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Caregiver & Gaurdian Information					
Name of Caregiver:		Age of Applicant:		Relationship:	
Guardian Name & Signature				Phone:	

Chaperone Information (if applicable)		
First Name	Last Name	
Phone	Days Required	
		Address

Agreement: As the child's chaperone, I agree to supervise the child during the program.
Initial _____

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 (March 10-14) 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: A Healing and Community Wellness 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, March 10 at 9:00 am

SUBMITTED BY:

Name: _____ Signature: _____ Date: _____

Email: _____ Phone: _____

APPLICATION SUBMISSION DEADLINE:
Friday, February 28th 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:

Tephaine Wedawin tephaine.wedawin@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.



TŁIČHQ 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 Tłıchq Government or of any Tłıchq 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 Acknowledgment Form***