



Tłıchq Government

## TŁıCHQ GOVERNMENT GENERAL WAIVER AND ACKNOWLEDGEMENT FORM

I, \_\_\_\_\_ of \_\_\_\_\_, Northwest Territories,  
(Name) (Community)

AGREE to engage in the \_\_\_\_\_ on a voluntary basis  
(PROGRAM NAME) (the "Activity")

assigned by the Tlıchq Government's \_\_\_\_\_  
(NAME OF TG POSITION)

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.



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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 Tłichq Government or of any Tłichq Government entity.

9. I understand that the Tłichq Government's programs are free of drugs and alcohol and that any reporting of usage will be investigated. Participants proven to be using will lose all pay for this program. Also, participants proven to be using while on this Tłichq Government-sponsored program may not be considered for other Tłichq Government programs for up to one year.

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\***