



Nisga'a Ts'amiks Vancouver Society
3983 Dumfries Street, Vancouver BC V5N 5R3
Phone: (604) 646-4944 Fax: (604) 646-4955 Website: www.tsamiks.com

2020 Youth Fitness

Date: July 2, 2020

Facilitator: Shaniece Angus

Child's Full Name: _____

Gender: _____ Male / _____ Female (please check one)

Child's Citizenship # _____

Birthdate: _____ / _____ / _____

Care card #: _____

Parent/Guardian Name: _____

Address: _____ **City:** _____ **Postal Code:** _____ - _____

Phone Number: _____

Cell # _____

Email: _____

Work #: _____

Family doctor: _____ **Doctor #** _____

Medical Conditions:

Is your child on any Medications: Yes ___ No ___

Please describe: _____

Does your child have any allergies: Yes ___ No ___

Please describe: _____

Does your child use an inhaler: Yes ___ No ___

Permission to assist your child with inhaler?: Yes ___ No ___

Does your child have any physical or mental disabilities?: Yes ___ No ___

Please describe: _____

Emergency Contact Information

Name: _____ **Relation to participant:** _____

Phone #: _____ **Cell #:** _____

Parent Signature: _____

Date: _____



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Youth Fitness Program is scheduled for: (please check off applicable age category)

Sessions:

Starting on July 2, 2020, and every Thursday after. Please keep posted on times as they may change

Session 1 - Ages 19-25 (2:00pm – 3:30pm)

Session 2 - Ages 14-18 (3:45pm – 4:45pm)

Session 3 - Ages 8-13 (4:45pm – 5:45:30pm)

**Space is limited up to 15 Youth per session; first come first serve for completed applications. The instructor will provide the times depending on the size of the groups*

Please provide any other information (e.g.: ALLERGIES, Medication intake your child may need assistance with) if you think it would be important for us to know about your child to ensure they feel comfortable and have a good experience:



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Photo Release Form

This letter confirms the agreement between the Nisga'a Ts'amiks Vancouver Society (NTVS) and you regarding, you and/or your child's (children) participation in having being photographed at the Nisga'a Ts'amiks 2020 Youth Fitness Program. It is recommended that a release be obtained when photographing a minor or Youth. Parent or guardian signatures are required; signatures of minors are not sufficient.

By signing this Photo Release form you hereby agree that you will not bring or consent to others bringing claim or action against the Nisga'a Ts'amiks Vancouver Society. It is understood that this permission is granted without any expectation of compensation.

I hereby give Nisga'a Ts'amiks Vancouver Society permission to use photographs of my child (children) and/or myself, for future use to help with the promotion of NTVS programs & services. These photographs could be used in NTVS promotional material, such as, but not limited to, NTVS Brochures, NTVS Website and/or NTVS Newsletters.

Yes, for taking photos

No, for taking photos

Printed Name: _____

Signature: _____ Date: _____

Authorization for Minors under 18 years of age:

Relationship to Minors: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____



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TO: PARTICIPANTS IN 2020 Youth Fitness Program
FROM: NISGA'A TS'AMIKS VANCOUVER SOCIETY (NTVS)
TOPIC: INFORMED CONSENT AND WAIVER OF LIABILITY

Thank you for wanting to participate as an NTVS Sponsored member for the youth fitness program. To enable participation in this activity, please carefully read and sign this binding legal document.

Starting Date: July 2, 2020

Description: NTVS is sponsoring Nisga'a Ts'amiks members to participate in this year's 2020 Youth Fitness Program being offered for 1 day a week, from July 2, 2020— August 27, 2020. The activities involve children to experience a youth fitness program. Participants are responsible for finding their own way to and from the venue.

Informed Consent: I hereby acknowledge my voluntary participation in the above described event. I understand and appreciate the nature of the risks inherent activity of this nature and I knowingly and voluntarily assume those risks. I understand and agree that neither NTVS, nor its directors, employees, agents, successors or assigns, may be held liable in any way for injury, contraction of COVID-19, illness, harm, property damage or any loss resulting from, or connected with, my participation in the above described event.

Release and Waiver of Liability: On behalf of myself, my estate, executor, administrators, successors or assignees, I hereby release NTVS, its directors, employees, agents, successors and assigns (collectively, the "Releases") from any and all liabilities, claims, costs or expenses arising from, or in any way related to, my child's participation in the above described event. I allow for NTVS to seek medical attention on my behalf in the event that it is needed, and that I as a parent will be contacted immediately. I agree that I will not take any action nor will I assert any claim against any third party who in turn may claim contribution, indemnity or other relief over, either at common law or in equity or under the *Negligence Act* or any other statute, from any of the Releases or in respect of any of the matters herein released.

I have read, understand and freely and voluntarily sign this *Informed Consent and Liability Waver* agreement. I warrant that I am 19 years of age or older or I am the Parent/Guardian of the Minor and am executing this waiver on behalf of the Minor in my capacity as Parent/Guardian and with the intent that this waiver be binding on myself and the Minor for all legal purposes.

Parent/ Guardian Printed Name: _____ **Date:** _____

Parent/ Guardian Signature: _____

Child's Name: _____ Child's Age: _____

Child's Name: _____ Child's Age: _____

Child's Name: _____ Child's Age: _____

Completed forms can be sent to progamassistant@tsamiks.com or faxed to (604) 646-4955



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TO: PARTICIPANTS IN 2020 Youth Fitness Program

FROM: NISGA'A TS'AMIKS VANCOUVER SOCIETY (NTVS)

TOPIC: COVID-19 WAIVER OF LIABILITY

Thank you for wanting to participate as an NTVS Sponsored member for the youth fitness program. To enable participation in this activity, please carefully read and sign this binding legal document.

Starting Date: July 2, 2020

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that the Nisga'a Ts'amiks Vancouver Society (NTVS) has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that NTVS can not guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to NTVS, nor its directors, employees, agents, successors or assigns.

I voluntarily seek services provided by NTVS and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending an NTVS Youth Fitness Program.

I attest that:

* I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

* I have not traveled internationally within the last 14 days.

* I have not traveled to a highly impacted area within Canada in the last 14 days.

* I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

* I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non contagious by Provincial or local public health authorities.

* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold NTVS from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of NTVS, or that may otherwise arise in any way in connection with any services received from NTVS. I understand that this release discharges NTVS from any liability or claim that I, my heirs, or any personal representatives may have against NTVS with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from NTVS. This liability waiver and release extends to NTVS, its directors, employees, agents, successors or assigns.

Parent/ Guardian Printed Name: _____ **Date:** _____

Parent/ Guardian Signature: _____

Child's Name: _____ **Child's Age:** _____

Child's Name: _____ **Child's Age:** _____

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