



The province is funded by  
The Government of Ontario  
Canada

# ABORIGINAL YOUTH CAREER PLANNING CONFERENCE OPPORTUNITY KNOCKS

## PARENTAL CONSENT AND WAIVER FORM

This form must be signed by a parent or legal guardian of any child under the age of 18 participating in specially organized youth programs at NPAAMB.

I hereby grant permission for my child (please print) \_\_\_\_\_ to fully participate in the *Opportunity Knocks* Aboriginal Youth Career Conference on December 13-15, 2018.

I understand that NPAAMB and its representatives will take all reasonable steps to provide individual care and safety for each child, but I am aware that NPAAMB, its officers, employees, agents and volunteers cannot assume responsibility for any injury, loss, damage or harm to any child or to his/her property during the course of any activity which is part of the above program, including traveling to and from the NPAAMB pick up/drop off location and off-site experience. I understand and acknowledge that certain risks of injury, loss, damage or harm are inherent to participation in any program or activity including but not limited to, risks arising in the conference environment and location (i.e. physical participation, use of fitness facilities, food preparation, outdoor and leisure activities).

I understand that NPAAMB accepts no responsibility for the continuance of any program activity or event which may not be completed as a result of an act of God, fire, riot, strikes, lockout or any cause beyond the reasonable control of NPAAMB.

I agree to indemnify and save harmless NPAAMB and its officers, employees, agents and volunteers from and against any injury, loss, damage or harm that may befall my child as a result of his/her participation in this program unless such injury, loss, damage or harm is caused by the sole negligence of NPAAMB or its representatives while acting within the scope of their duties. I declare having read and understood the above and hereby consent to my child participating and waive liability on the basis described.

\_\_\_\_\_  
Name of Parent/ Guardian (please print)

\_\_\_\_\_  
Signature of Parent/ Guardian (required)

\_\_\_\_\_  
Date (yyyy/mm/dd)

Niagara Peninsula Aboriginal Area Management Board (NPAAMB)  
50 Generations Drive, 2<sup>nd</sup> Floor, Box 9, Ohsweken ON N0A 1M0 TEL: 1-519-751-8333



Canada

ABORIGINAL YOUTH CAREER PLANNING CONFERENCE

# OPPORTUNITY KNOCKS

## INFORMED CONSENT AND WAIVER OF CLAIMS

### -TRANSPORTATION and RISKS-

PLEASE READ CAREFULLY. BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Name of Participant: \_\_\_\_\_

Address of Participant: \_\_\_\_\_

#### ASSUMPTION OF RISK

I am aware that participating in the NPAAMB Opportunity Knocks Conference has many inherent risks, including but not limited to:

#### GENERAL

Theft, vandalism or loss of personal property;

Any manner of injury resulting from use, misuse, non-use and failure of any equipment;

#### 1.SPECIFIC EVENT RISKS

Transportation from NPAAMB pick up/drop off locations to White Oaks Resort & Spa in Niagara- on –the –lake, ON, and return trip. I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss, resulting there from.

#### 2, RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of the Board of Directors of NPAAMB allowing my participation in the Opportunity Knocks Conference, I agree as follows:

TO WAIVE ANY AND ALL CLAIMS that I have or may have in the future against the Board of Directors of NPAAMB, and its members, officers, employees, students, agents, volunteers and independent contractors (all of whom are hereinafter collectively referred to as “the Releasees”;

TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of my participation in the Opportunity Knocks Conference due to any cause whatsoever INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS’ LIABILITY ACT, RS 1990 c.0-2 AS AMENDED ON PART OF THE RELEASEES;

\_\_\_\_\_ initial here that you have read paragraph 2



The province's leader in  
The Government of Canada  
Canada

ABORIGINAL YOUTH CAREER PLANNING CONFERENCE

# OPPORTUNITY KNOCKS

TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damage to the property of, or personal injury to, any third party, resulting from my participation in the Opportunity Knocks Conference; and

This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the vent of my death or incapacity. In entering into this Agreement, I am not relying upon any oral or written representations or statements made by the Releases other than what is set forth in this Agreement.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT (BOTH PAGES) AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE, WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

Signed this \_\_\_\_\_ day of \_\_\_\_\_  
2018.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Parent/ Guardian (required)

**NOTE: This is not a School Board Sanctioned event. It is a NPAAMB sponsored event and participants may be marked absent from school while attending this event. Any questions/concerns can be directed to Rhonda Dickenson, Service Delivery Manager. All registrations must be submitted to the YSO in your area.**



The program is funded by  
The Government of Canada



# ABORIGINAL YOUTH CAREER PLANNING CONFERENCE

# OPPORTUNITY KNOCKS

Participant Name: (First and Last)		Health Card #	
Address:			
City and Province:		Postal Code:	
Phone Number (Home):		Cell Phone:	
Date of Birth: (yyyy/mm/dd)		School:	
Parent/Guardian Name:		Relationship to Participant:	
Custody/access issues we should be aware of? YES                  NO		Primary Custody? y/n	
		Phone Number:	
Emergency Contact Name:		Relationship to Participant:	
		Phone Number:	
Emergency Contact Name:		Relationship to Participant:	
		Phone Number:	

## HEALTH INFORMATION AND EMERGENCY CONTACT FORM

### MEDICAL HISTORY

Has your child been treated for any medical conditions (ie. heart condition, high blood pressure, asthma, fainting/seizures/epilepsy, diabetes, sun sensitivity, etc.)? Please list relevant details:
Does your child have any other health, emotional, behavioral or learning challenges that we should be aware of in order to deliver a safe and effective program for your child? Please list relevant details:

### MEDICAL INFORMATION

Is your child taking medication that we should be aware of?	yes	no
Medications:	Please list relevant details:	



Canada

# ABORIGINAL YOUTH CAREER PLANNING CONFERENCE

# OPPORTUNITY KNOCKS

Medications:

***PLEASE NOTE THAT ALL PRESCRIBED MEDICATIONS MUST BE BLISTER PACKED WITH APPROPRIATE INSTRUCTIONS PROVIDED BY YOUR PHARMACY. Medication provided in individual bottles or non-prescribed will not be administered.***

**NO EXCEPTIONS!**

**\*NOTE\*** ALL MEDICATIONS ARE TO BE RELINQUISHED TO THE DESIGNATED STAFF MEDICATION SUPERVISOR UPON ARRIVAL ~ NO EXCEPTIONS. Failure to do so will result in dismissal from the event.

### ALLERGY INFORMATION

Does your child have any allergies?		yes	no
Allergy #1:	Please list relevant details: (Symptoms, severity, treatment)		
Allergy #2:	Please list relevant details: (Symptoms, severity, treatment)		

Permission is given for NPAAMB to: Secure such medical advice and services as it may deem necessary for my child's health and safety and I shall be financially responsible for such advice and services.

I declare having read and understood the above and hereby consent to my child participating on the basis described.

I, \_\_\_\_\_ (parent/guardian) hereby grant NPAAMB or any third party it may authorize and its employees, agents and assigns the right to administer medication to \_\_\_\_\_ (child's name) in the event of where it is needed. This is limited to: Tylenol for headaches, Benadryl for allergic reactions, Motrin and/or other nonprescription, over the counter medication for upset stomachs, etc. A telephone call to the parents/guardians will be placed prior to releasing any nonprescription medication to a youth.

I hereby authorize the administration of prescribed medication sent with my child as per the instructions of the physician as labelled on the blister pack.

Please include any necessary notes we should know before administering medication

---

---

Signature of Parent/Guardian or Student over 18

Date (yyyy/mm/dd)



The program is funded by  
The Government of Canada



# ABORIGINAL YOUTH CAREER PLANNING CONFERENCE

# OPPORTUNITY KNOCKS

## CODE OF CONDUCT

*We are pleased to offer you this opportunity to assist you on your employment path. This event will be full of information and fun. It is important that everyone come with a good mind and willingness to participate in a respectful way. To assist in ensuring everyone feels safe and comfortable during the conference, please see the following conduct expectations:*

Be on time for the conference every day.

**ATTENDANCE AT EACH EVENT EACH DAY IS MANDATORY!! ROLL CALL WILL BE CONDUCTED THROUGHOUT THE DAY. IF YOU ARE NOT IN ATTENDANCE AT ROLL CALL, YOU WILL BE ASKED TO LEAVE THE CONFERENCE.**

Cell phone use, iPods and earphones are restricted during the day's programming except for breaks and lunch time.

There is a break in the morning, a break in the afternoon and a lunch time break. Please refrain from taking extra breaks unless it is an emergency.

**RESPECT.** Please have respect for your fellow students, the Facilitators and yourself. Please dress appropriately. Inappropriate attire is often offensive and distracting (no short shorts, belly shirts, vulgar language/images on clothing).

The following is nonnegotiable and **WILL NOT BE TOLERATED UNDER ANY CIRCUMSTANCES AND WILL RESULT IN DISMISSAL FROM THE CONFERENCE.**

Physical violence, name calling and overall bullying of other participants

The use of vulgar language and swear words while in group.

Substance and drug use. The use of recreational substances (i.e.: marijuana, alcohol, pills, etc.)

\_\_\_\_\_  
Student Signature (required)

\_\_\_\_\_  
Parent/Guardian Signature (required)

\_\_\_\_\_  
Date



The province is funded by  
The Government of Ontario  
Canada

# ABORIGINAL YOUTH CAREER PLANNING CONFERENCE

# OPPORTUNITY KNOCKS

## HOTEL AND SWIMMING FACILITIES USAGE LIABILITY WAIVER

SAFETY FIRST! Although there are lifeguards present at the hotel there is always a certain degree of worry & risk when people get together in this type of atmosphere.

In efforts to make sure everyone has a fun and SAFE experience please complete the following:

(please highlight response)

What is your swimming level?

Do you require any special supervision while in water

I, (parent/Guardian) \_\_\_\_\_ of student \_\_\_\_\_ signing below, wish for my child to utilize the hotel facilities. I hereby agree that the use of the swimming pool is voluntary at my own risk. As a condition of using the hotel facilities I expressly agree to forever discharge, waive and release the Niagara Peninsula Aboriginal Area Management Board, management, insurers and employees from any and all claims, demands, injuries, damages, actions, or course of action connected with or caused by my/our use of the hotel Facilities.

I agree and, by signing this agreement, confirm that I am aware that using the hotel facilities, including the swimming pool is done so at my/our own risk.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_