



xwixwait (Healthy) Program

Healthy Body, Mind, and Spirit

Community. Leadership. Pride.

Registration Information

First Name: _____ Last Name: _____

Birth Date (dd/mm/yy): ____/____/____ Band: _____ Status # _____

Address: _____ Postal Code: _____

On Reserve Off Reserve Phone # _____ Email: _____

Emergency Contact: _____ Phone # _____

Child Care Is child care required? Yes No If yes, please fill out child(ren)'s information:

1. Name: _____ Age: _____ 2. Name: _____ Age: _____
3. Name: _____ Age: _____ 4. Name: _____ Age: _____

Special Considerations (for yourself and/or child(ren))

Allergies: _____

Dietary Concerns: _____

Other (please explain): _____

xwixwait Program Participation Agreement

In consideration of facilitators and other program participants, I agree to abide by the following requirements and responsibilities:

1. I will give facilitators advance notice if I am unable to attend a session (for catering needs)
2. I will adhere to the program guidelines created by the group
3. I will treat facilitators, participants, and myself with respect
4. I will commit to the minimum required attendance of 5 out of 7 sessions

I hereby acknowledge and understand that my failure to abide by these requirements and responsibilities may result in the loss of special privileges, lack of prizes/gifts, and/or removal from the program.

Signature

Date



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Release, Waiver of Liability, Assumption of Risk:

I _____, acknowledge and agree that I am
Print Name
the participant, and any other guests of mine, in which I/my guest(s) attend the WFN xwixwält Program, Healthy Body, Mind, and Spirit. I/my guest(s) agree to release and forever discharge the Westbank First Nation, its affiliated corporations, officers, employees, servants, agents, heirs, successors and assigns from all liability for any and all loss or damage and any claim or demands therefore on account of injury to myself / my guest(s) or mine/my guest(s)'s property and whether cause by the negligence of the WFN or otherwise. I assume full responsibility and risk of bodily injury, death or property damage associated with the program, whether due to negligence of the WFN or otherwise. I hereby agree to indemnify and hold harmless the WFN from any and all claims, actions, liabilities, complaints, damages and otherwise arising from myself or my guest(s)'s participation in the program, including any remedies which may subsist in law equity or under legislation.

Signature

Date

Photograph Consent

Photographs may be taken of you while attending the xwixwält Program. Westbank First Nation Community Services may use these photographs in reports or presentations for the purpose of fundraising and promotion of this and other programs. Do you consent to this?

Yes No

Signature

Date