

# Wasaya First Nation Youth Aviation Camp

## Application Form

CAMP DATES: July 15 - 19, 2019

Location: Thunder Bay, Ontario

Ages 11 - 13

**REGISTRATION DEADLINE IS JUNE 28, 2019**

### **PARTICIPANT INFORMATION (Medical information to be disclosed on separate form)**

Name:

T-Shirt size:  S  M  L  XL  O

Address:

Postal Code:

Birth date:

Age:

Gender:  F or  M

First Nations Band:

Band Number:

### **PARENT / GUARDIAN ACCOMPANYING (must identify who will accompany the youth)**

Name:

Address: (if different from participants)

City/Town/Community:

Province: Ontario

Postal:

Phone:

Email:

Emergency Contact Name: (Relation to Participant)

Phone Number:

Allow Camper's photo for promotion?

Yes  No

### **Disclaimer & Payment Information**

I, the undersigned, the Parent/Guardian of the above-mentioned participant, do hereby consent to his/her participation in the 2019 First Nations Youth Aviation Camp program and related activities. I consent to and assume all risks and hazards of, and incidental to, the participation of the above-mentioned participant in the activities of this week-long event.

\_\_\_\_\_  
Primary Caregiver Signature

Parents will be contacted by July 3rd if your child has been accepted into the camp. We will provide further details including travel information at this time.

Submit Application Form via email or fax to:  
Sharon Smith-Baxter, Wasaya Airways  
email: [ssmithbaxter@wasaya.com](mailto:ssmithbaxter@wasaya.com)  
Fax: 807-623-8134



# Wasaya Airways 2019 First Nations Youth Aviation Camp

## PARTICIPANT MEDICAL FORM

Form is to be submitted along with application signed by both Parent/Guardian and Health Official

### PARTICIPANT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Birth date: \_\_\_\_\_

Age: \_\_\_\_\_

Gender:  F or  M

### MEDICAL INFORMATION

Health Card Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

City/Town/Community: \_\_\_\_\_

Province: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Nurse in Charge: \_\_\_\_\_

Nursing Station: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Is your child able to participate in physical activities?:

Yes  No

EXPLAIN (if NO): \_\_\_\_\_

Does your child have any chronic illness (such as asthma, diabetes, physical handicaps)?

Yes  No

DETAILS OF ILLNESS/MEDICATION (if YES): \_\_\_\_\_

Does your child have any allergies or require a special diet?

Yes  No

EXPLAIN (if YES): \_\_\_\_\_

INSTRUCTIONS FOR MEDICATION AND GENERAL INFORMATION:

**\*\*Ensure child has enough medication for duration of time away from home.**

\_\_\_\_\_  
Signature of Primary Caregiver

\_\_\_\_\_  
Signature of Health Official (Nurse, CHR, Doctor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## **RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

This RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT (the Release) is executed on this date by me,

\_\_\_\_\_ and in the case of the minor child \_\_\_\_\_, for that child as the parent/guardian having legal custody. This Release is provided to the benefit of Wasaya Group, Wasaya First Nations also known as Wasaya Partnership, Wasaya General Partner, Wasaya Airways LP/GP. Any reference to Wasaya Group is a reference which includes its subsidiaries, programs, employees, directors, servants, volunteers/chaperones, representatives, and agents, in reference to Wasaya Airways 2019 First Nations Youth Aviation Camp and the release likewise applies to them.

1. I am aware that the activities that I, or my child, may undertake in the programs offered by the Releases and may involve risks including the possibility of injury or death.
2. I accept these risks, and all others arising from these events, activities and programs, even if arising from the negligence, gross negligence or negligent actions by those associated in any way with Releases or associated with the venues where the activities take place.
3. I understand that it is my duty to obey all instructions and rules established regarding participation in these activities and that **SOLE RESPONSIBILITY FOR MY PERSONAL SAFETY, OR THE SAFETY OF THOSE ON WHOSE BEHALF I SIGN, REMAINS WITH ME**, including my physical and emotional preparation and fitness to participate in all events and programs sponsored or established by Releases and associates.
4. I undertake and agree to remove myself from participation if I sense or observe an unusual hazard or unsafe condition, or if, at any time, at any event or program, I feel unable or unfit to safely continue for any reason.
5. I give a **FULL RELEASE AND WAIVER OF LIABILITY AND ALL CLAIMS** that I or my child have, may have in the future, against Wasaya Group and all other Releasees from all liability for any loss, damage, injury or expense that I may suffer as a result of my participation in any part or parts of the these events, activities and programs or my presence at any venue at which they may take place, due to any cause whatsoever including the forms of negligence set forth above or from any breach of contract or statutory duty or other duty of care including any duty of care owed under the relevant statutes of Ontario, on the part of the Releasees.
6. **I AGREE** not to sue WGI and I further agree **TO INDEMNIFY AND SAVE HARMLESS** the Releasees from all expenses, fees, liability or damage award or cost of any type whatsoever arising from my participation in these events, activities and programs.

**I HAVE READ AND UNDERSTOOD THIS RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT.** This Release has been read to me in its entirety if I am unable to read English myself. I am aware that by signing this agreement I am waiving substantial legal rights (on my behalf and on behalf of my heirs, executors, administrators and next of kin) including the giving up of my right to sue.

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

## **PARENTAL CONSENT FOR MINOR PARTICIPANT AND INDEMNITY AGREEMENT**

I have read and understood the above waiver, release and indemnity, and have discussed the same with the minor person. I am satisfied the said minor understands the waiver and release and his or her obligations as set out. In consideration of the participation of my minor child/ward I too agree to waive, release and indemnify the Releasees in the terms set out above.

I am aware that by signing this agreement I am waiving substantial legal rights, which my minor child/ward and I, our respective, heirs, executors, administrators and next of kin may have against the releases.

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