 Onion Lake Cree Nation

Women and Youth Empowerment Program

**Male Land-based Mentorship Program**

**Parental/Guardian Consent Form**

I, [Parent/Guardian Name] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , hereby give my consent for my child/ward, [Participant’s Name] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , to participate in the Land-based Mentorship Program organized by the OLCN Women and Youth Empowerment Program.

**Participant Information:**

* Participant’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Participant’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Participant’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Participant’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Details:**

* Program Name: Land-based Mentorship Program
* Program Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Program Schedule: Thursday to Monday, 12 pm (noon) to 8:00 pm
* Location: Varies on daily basis
* Activities: The program will involve hands-on activities such as learning to

use hand tools, harvesting medicines, harvesting wild game, assisting at ceremonies, and other land-based teachings.

**Program Provisions:**

* Drinks and Lunch will be provided daily.
* Transportation will be provided daily.

**Emergency Contact Information:**

In case of an emergency, please contact:

* Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information:**

Please provide any relevant medical information about the participant, including allergies, medications, medical conditions, or special accommodations needed:

**Acknowledgment and Consent:**

I understand that my child/ward will be participating in outdoor activities as part of the Land-based Mentorship Program. I acknowledge that there are inherent risks associated with outdoor activities, and I release OLCN Youth and Women Empowerment Program any liability arising from participation in the program.

I authorize the staff and volunteers of the Land-based Mentorship Program to seek medical treatment for my child/ward in case of emergency if I cannot be reached.

I confirm that I have read and understand the program details, provisions, and risks involved, and I give my consent for my child/ward to participate in the program.

**Parent/Guardian Signature:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_