 Onion Lake Cree Nation

Women and Youth Empowerment Program

**Kokoms, Mothers, Daughters, Granddaughters Land-Based Mentorship Program**

**Waiver and Release of Liability Form**

I, [Participant’s Name] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , hereby acknowledge and agree to the following terms and conditions in conditions in consideration of being permitted to participate in the Kokoms, Mothers, Daughters, Granddaughters Land-Based Mentorship Program organized by the OLCN Youth and Women Empowerment Program:

1. Assumption of Risk: I understand that participation in the Kokoms, Mothers, Daughters, Granddaughters Land-Based Mentorship Program involves inherent risks, including but not limited to physical injury, illness, property damage, and other unforeseen dangers associated with outdoor activities. I voluntarily assume all risks associated with my participation in the program.
2. Release of Liability: I hereby release, waive, discharge, and covenant not to sue the Onion Lake Cree Nation, its officers, directors, employees, volunteers, and agents (collectively referred to as “Releases”) from any and all claims, liabilities, damages, costs, or expenses arising out of or in connection with my participation in the Kokoms, Mothers, Daughters, Granddaughters Land-Based Mentorship Program, including but not limited to personal injury, illness, or property damage, whether caused by the negligence of the Releasees or otherwise.
3. Indemnification: I agree to indemnify and hold harmless the Releasees from and against any and all claims, liabilities, damages, costs, or expenses, including reasonable attorney’s fees, arising out of or in connection with my participation in the Kokoms, Mothers, Daughters, Granddaughters Land-Based Mentorship Program.
4. Medical Treatment: In the event of any medical emergency or injury during my participation in the program, I authorize the staff and volunteers of the Kokoms, Mothers, Daughters, Granddaughters Land-Based Mentorship Program to seek medical treatment on my behalf and consent to any necessary medical procedures deemed appropriate by qualified medical personnel.
5. Photographic Release: I hereby grant permission to the OLCN Youth and Women and Empowerment Program to use and publish photographs, videos, or other media taken during my participation in the and Kokoms, Mothers, Daughters, Granddaughters Land-Based Mentorship Program for promotional, educational, or other purposes without compensation.
6. Governing Law: This waiver and release shall be governed by and construed in accordance with the laws of Saskatchewan, Alberta, and Canada.

I have read and understand this waiver and release of liability form, and I voluntarily agree to its terms and conditions.

**Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Parent/Guardian Signature**

**(if participant is under 18 years old): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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