



**Spirit of Syilx**  
**Okanagan Nation Youth Unity Run**  
 Creating Awareness against Suicide and Violence  
 May 11<sup>th</sup> – 14<sup>th</sup>, 2017  
**REGISTRATION FORM**

**\*PLEASE NOTE THAT NO INCOMPLETE REGISTRATION FORMS WILL BE ACCEPTED.**

**\*YOUTH UNDER THE AGE OF 13 MUST BE ACCOMPANIED BY A PARENT OR GUARDIAN AT ALL TIMES AND IN THE PRESENCE OF THEIR CHAPERONE INCLUDING RIDING THE BUSES.**  
**PLEASE NOTE CHILDREN UNDER THE AGE OF 7 WILL BE GIVEN THE OPPORTUNITY TO RUN ONCE DAILY AS A GROUP.**

**\*YOUTH ARE TO REGISTER WITH YOUTH WORKER WHO WILL THEN SEND IN\***

**\*Please note that there will be protocol and procedures for girls on their time and there will be limited amounts of rustic restrooms available\***

General Information (Please Print)			
			<b>Sex</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>First Name</b> _____	<b>Last Name</b> _____		
<b>Address (number and street):</b> City/Town Postal Code	<b>Date of Birth:</b> <b>Month</b> <b>Day</b> <b>Year</b> _____ / ____ / ____		
<b>Email Address:</b> _____	<b>Cell Phone:</b> _____	<b>Home Phone:</b> _____	
<b>ONA Member Band / Community / Organization:</b> _____		<b>Name of Parent/Guardian:</b> _____	
<b>Chaperone Information:</b> <i>(Member Community chaperones responsible for more than 2 youth that are not your own children need to fill out and sign the Chaperone Agreement all others please fill out on this form.)</i>			
<b>Name of Chaperone:</b> _____ <b>Relationship to Youth:</b> _____			
<i>Each Participant under the age of 18 needs to be accompanied by a chaperone who agrees to take responsibility for them, as a safety precaution.</i>			
I _____ agree to chaperone and supervise the above named youth. I understand that I need to be at the event at all times with the youth and are responsible for them while they are participating in this event.			
_____ (Signature)			

Medical Information	
<b>Emergency Contact Name &amp; Number:</b>	
1. Name _____	Phone: _____
2. Name _____	Phone: _____
<b>BC MEDICAL(PHN) # :</b> _____	
Do you take any medicine regularly?    Y    N    If yes, Explain: _____	
Do you have any allergies?    Y    N    If yes, Explain: _____	
Do you have any other Health Concerns?    Y    N    If yes, Explain: _____	

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY**

(\*Please Read Carefully – By Signing this Agreement You Are Releasing Certain Rights)

IN CONSIDERATION of being permitted to participate in the Spirit of Syilx Youth Unity Run, Sponsored by the Okanagan Nation Alliance (the "Activity") I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. FULLY UNDERSTAND that: (a) The ACTIVITY INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Okanagan Nation Alliance, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessees of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim. Nothing herein shall be construed as a waiver of the Sovereign Immunity of the Okanagan Nation Alliance.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

\*\*\***(Initials Here** \_\_\_\_\_) \*\*\* indicating Participant or his/her parent or guardian has read the paragraph above

I also give the Okanagan Nation Alliance permission to photograph and video and release all images of me during this event. I am aware that photos and videoing will take place and may be distributed and/or posted within the Okanagan Nation website.

PRINTED NAME OF PARTICIPANT: \_\_\_\_\_

PARTICIPANT'S SIGNATURE (only if age 18 or over): \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State/Prov) (Zip)

HOME PHONE: \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_

Check one: Parent: \_\_\_\_\_ Legal Guardian: \_\_\_\_\_ Other: \_\_\_\_\_ (if "Other" describe: \_\_\_\_\_)

DATE: \_\_\_\_\_

# Youth Participation Agreement

*The Spirit of Syilx Youth Unity Run*

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_  
Cell Phone ( ) \_\_\_\_\_  
Chaperone's Name \_\_\_\_\_  
Chaperone's Phone Number ( ) \_\_\_\_\_ Chaperone's Cell Phone ( ) \_\_\_\_\_

In the event of an emergency, it might be necessary to reach a parent or guardian. Please print his or her name and phone number on the line below.

Parent's Name \_\_\_\_\_ Parent's Home Phone ( ) \_\_\_\_\_  
Parent's Cell Phone ( ) \_\_\_\_\_

**Welcome to the Spirit of Syilx Youth Unity Run! We hope you'll have a great run to bring awareness to suicide and violence in our communities. The Spirit of Syilx Youth Unity Run goal is to provide a safe, fun, and positive experience for all participants. Please read through this participation agreement.**

While participating, Unity Run participants shall:

- Respect the individual rights, safety, and property of others
- Avoid displays of overly affectionate behavior
- Not participate in obscene and/or discriminatory language or roughhousing
- Not be insubordinate to chaperones or the leader in charge of the event
- Not possess or use weapons, alcoholic beverages, tobacco and/or illegal drugs at any event, activity, or meeting, or remain in the presence of individuals who possess or use these items
- Abide by all rules of the attended event, activity, or meeting
- Participate in activities to the best of his or her ability
- Notify a chaperone or staff person if he or she has concerns or medical needs during the Spirit of Syilx Youth Unity Run.
- Not engage in conversations or activities that are sexual in nature
- Not leave the event site(s) without permission from the chaperone and/or parent/guardian

- Pay any costs related to damage or destruction of property that he or she incurs, including any property damage to other Spirit of Syilx Youth Unity Run participants or to third parties. Such costs will be charged to the youth participant and/or their parent(s)

#### **Disciplinary action**

Penalties and/or disciplinary action for infractions of this code of conduct may include any or all of the following:

- Sending youth home
- Barring that member from future activities
- Being held responsible for the cost of damages and repairs in the event of damage/destruction of property
- Releasing the member to the nearest law enforcement agency and/or the proper authorities for significant violations of Canadian or United States laws.

**Community chaperones will notify parents of any actions taken.**

*By my signature below, I acknowledge receipt of this document and acknowledge that I have read and agree to abide by the guidelines in this document. I am aware that if I violate the agreement, the staff may, at their sole discretion, terminate my participation, and my parent/guardian will be contacted and required to provide me with transportation home at my own expense. Additionally, I understand that the Okanagan Nation Alliance works with partner organizations and at its discretion may report any disciplinary action to partner organizations.*

Youth Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

I give permission for my son/daughter to participate in the Spirit of Syilx Youth Unity Run and my son/daughter has completed and turned in the event registration form.

Parent's Signature (required) \_\_\_\_\_ Date \_\_\_\_\_