



Parental/Guardian Consent Form – Minor Participation

1. Participant Information

- Full Name of Minor: _____
- Date of Birth: _____
- Age: _____
- Personal Health Number (optional): _____
- Address: _____

2. Parent/Legal Guardian Information

(Must be a legal guardian as recognized under BC law)

- Full Name: _____
- Relationship to Minor: _____
- Phone Number: _____
- Email Address: _____
- Address (if different): _____

3. Event Details

- Event Name: **Nicola Valley Youth Gathering July 1-4, 2026**
- Description of Activities: **building connections, celebrating culture, and sharing valuable lessons from the land! "STRONGER IN EVERY DIRECTION"**
- Location(s): KLC
- Date(s): July 1-4, 2026
- Time(s): Day 1 9:30-5:30 pm, Day 2 9:30-5 pm, Day 3 9:30-5 pm, Day 4 12-7 pm
- Organizing Organization: Scw'exmx Child & Family in partnership with Citxw Nlaka'pamux Assembly

4. Informed Consent to Participate

I, the undersigned parent/legal guardian, consent to the participation of the above-named minor in the activities described. I acknowledge that I have received sufficient information about the nature of the activities to make an informed decision.

5. Acknowledgement of Risk

I understand that participation may involve risks, including but not limited to:

- Physical injury from activity or equipment
- Travel-related risks
- Interaction with other participants

I confirm that I have explained these risks to the minor, where appropriate, and accept these risks on their behalf.

6. Medical Information & Emergency Authorization

- Known Medical Conditions: _____
- Allergies: _____
- Medications: _____

Emergency Contact (if different):

- Name: _____
- Phone: _____

I authorize qualified personnel to provide or arrange emergency medical treatment as necessary. I understand that, under BC law, healthcare providers may act in emergencies without prior consent where required.

I agree to assume financial responsibility for any medical care provided.



7. Code of Conduct

I acknowledge that the minor must follow all rules, policies, and instructions. I understand that failure to comply may result in removal from the program.

8. Privacy & Personal Information (FIPPA Compliance)

The personal information collected on this form is for the purpose of administering participation, ensuring safety, and contacting guardians in case of emergency.

- Information will be collected, used, and disclosed in accordance with BC privacy laws, including the *Freedom of Information and Protection of Privacy Act (FIPPA)* where applicable.
- Questions about collection may be directed to: Shay Lee Jack, Youth Team Leader

9. Media Consent (Optional)

I consent

I do NOT consent

to the collection and use of photographs, video, or audio recordings of the participant for program and promotional purposes, consistent with BC privacy laws.

10. Transportation Authorization (if applicable)

I authorize transportation arranged by the organization

I will arrange transportation

11. Liability Acknowledgement

I understand that, under BC law (Infants Act), liability waivers involving minors may be treated differently than those signed by adults. By signing this form:

- I acknowledge the inherent risks of participation;
- I agree to indemnify and hold harmless the organization, its employees, volunteers, and agents from claims arising from the minor's participation, except where caused by gross negligence.

12. Authority of Guardian

I confirm that:

- I am the legal parent or guardian of the minor;
- I have the legal authority to provide this consent;
- The information provided is accurate and complete.

13. Signatures

- Parent/Guardian Name (Print): _____
- Signature: _____
- Date: _____

14. Organizer Use Only

- Received by: _____
- Date Received: _____

Completed forms can be emailed to shaylee.jack@scwexmx.com