

Women's Retreat April 13th – April 15th 2018

Name of Participant

Phone Number ----- Birth Date:

Emergency contact: ----- Telephone No:

I understand that Kunkel Bus lines will be used as a form of transportation.

I understand that should over 15 person's register that selection of attendees will be through lottery draw.

***Should the need arise I give permission for an ACYPS staff member to seek and/or administer necessary medical attention.**

Disclaimer Clause

Anishnabek Child & Youth Prevention Services and all of its employees, partners, volunteers, and representatives (hereafter referred to as "the Organizers") are not responsible for any injury, loss, damage of any kind sustained by any person while participation in any activities held in relationship to this program or any loss or damage which might be caused by the negligence of the Organizers.

Picture Waiver (photos | video | artwork | profiles | stories)

Anishnabek Child & Youth Preventions Services has my permission to use my photograph, video, audio recordings, likeness, artwork, profile and/or story in future publications, web pages and other materials produced used by and representing Anishnabek Child & Youth Prevention Services. I understand the circulation of the materials could be worldwide and that there will be no compensation to me for this use.

Participant's Signature

Print Name