

***Kahkewistahaw First Nation
Parental Consent Form***

Participant: _____ Age _____

Address: _____

Hospitalization: _____

I/We the undersigned, consent to the participation of my/our child at the following event:

Event: _____

Date: _____

Location: _____

I/We acknowledge, understand and agree that Kahkewistahaw First Nation and its respective officials, servants, employees, agents, successors and assigns, shall not be liable or responsible for any loss or damage to property caused by the individual named above.

Kahkewistahaw First Nation and its respective officials, servants, employees, agents, successors and assigns, shall not be held liable or responsible for any injury suffered by the child named above arising as a result of his/her participation in the event identified above. We hereby provide this release to Kahkewistahaw First Nation to include the duration of time the individual is under supervision of Kahkewistahaw First Nation and its representatives.

We, the undersigned, hereby provide my/our consent and release of the individual named above to participate in the event described at the date and location set forth above.

Parent/Legal Guardian: _____
(Sign)

Parent Legal Guardian: _____
(Print)

Date: _____