



“Rights. Advocacy. Action!”
Voices: Manitoba’s Youth in Care Network
Adult Support Registration Form
October 6th-8th, 2023

Please return registration form by Wednesday, September 6th, 2023

Adult supports will be required to share a clear child abuse registry and criminal record check (current within 6 months)

Participant(s) I am accompanying: _____

Your Personal Information

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone Number: _____ Cell Phone: _____

Email address: _____ T-shirt size: S M L XL 2XL 3XL

Gender: _____ Preferred Name: _____

Birthday: _____ Age: _____

Do you have any special meal requirements? Yes: _____

Do you have any allergies? _____

Are you required to take any medication? Please list: _____

Only prescription medication is permitted, and will be kept in a safe, secure location.

Health card number: _____ Six digit: _____ Nine digit: _____

Agency or Organization Contact Information

Agency or Organization: _____

Address: _____ Cell phone: _____

Supervisor or Alternate Contact: _____

Youth you are accompanying: _____

Cost: \$150

To be paid by: Agency or Organization _____ Myself _____

Photo and Video Release

I _____ give Voices: Manitoba’s Youth in Care Network permission to take my picture and/or record me (audio and/or video) over the weekend of the Voices Network Retreat, October 6th to 8th, 2023. I will be given the opportunity to approve photos and/or recordings before they are used in the newsletter, on System Kidz (Voices radio program), or for any other purpose. I waive all claims for any compensation for their use.

Signature: _____ Date: _____



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Adult Support Agreement

I agree to the following Code of Conduct for the Voices Network Retreat:

- I will not consume or bring any alcohol or non-prescribed drugs before, during or en route to/from the retreat. I will not bring any weapons to the retreat. **Safe and sober for the weekend.**
- I understand that any sexual relations or harassment of any kind will not be tolerated. **Focus on Friendships.**
- I commit to participating in all of the activities. When I need a break, I will leave the youth in my care under the watch of another adult/volunteer. **Get in there!**
- I will treat Manitoba’s Youth in Care Network staff and volunteers, and the Camp Arnes staff with respect. I understand that their role is to look out for the safety and well-being of the retreat participants. **It’s all love!**
- I will smoke only in areas designated by Camp Arnes staff. **Respect the environment.**
- I will not enter any dorm room other than my own unless absolutely necessary. **Don’t touch!**
- I understand that the purpose of the Voices Network Retreat is to increase the leadership skills of youth in and from care in the areas of rights and advocacy. **Be empowered!**
- I agree to do my best with the skills I bring to the team. **Change (my) world!**
- I agree to lead by example. **Set the pace, protect our space.**
- I agree to have fun! **Woot-woot!!!**

Your Name: _____

Your Signature: _____ Date: _____



Voices: Manitoba's Youth in Care Network
3rd floor, 61 Juno Street
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www.voices.mb.ca
engage. equip. Empower!

ASSUMPTION OF RISK, RELEASE, WAIVER OF CLAIM AND INDEMNITY NOTICE (PLEASE READ CAREFULLY.)

TO: VOICES: MANITOBA'S YOUTH IN CARE NETWORK (BGC WINNIPEG)

In consideration of BGC Winnipeg accepting my application for, and allowing me to participate in the *VOICES NETWORK RETREAT* (as that term is defined and described below), I agree as follows:

1. ASSUMPTION OF RISK

I ACKNOWLEDGE AND AGREE THAT participation in the *VOICES NETWORK RETREAT* involves potential dangers, risks and hazards.

I FURTHER ACKNOWLEDGE AND AGREE THAT my participation in the *VOICES NETWORK RETREAT* is entirely at my own risk and that I freely accept all the inherent risks of participating in the *VOICES NETWORK RETREAT* and the possibility of personal injury, death, assault, property damage and loss resulting therefrom.

I FURTHER ACKNOWLEDGE AND AGREE THAT BGC WINNIPEG'S acceptance of my involvement as a participant in the *VOICES NETWORK RETREAT* does not and will not make me an agent, contractor, employee or partner of BGC WINNIPEG.

2. RELEASE AND WAIVER OF CLAIM

I WAIVE ANY AND ALL claims I may now, and in the future, have against, and release and discharge from all liability, and agree not to sue, BGC WINNIPEG, its officers, employees, agents, representatives, and each of them and their respective agents, administrators, representatives, heirs, successors and assigns (the "Releasees"), with respect to any and all liability, costs (including legal costs), claims, damages, demands, actions and causes of action of whatever kind which might arise from or in connection with my participation in the *VOICES NETWORK RETREAT* including, without limitation, any personal mental or physical injury, illness, death, property damage, loss of personal freedom or financial loss or other loss suffered by me or any other family members or dependants, arising, directly or indirectly, from my participation in the *VOICES NETWORK RETREAT*, whether foreseen or unforeseen and regardless of the cause thereof including, without limitation, negligence or partial negligence on the part of the Releasees or any of them.

3. INDEMNITY

I AGREE to hold harmless and to indemnify the Releasees for any and all claims made against any of the Releasees by any person, including any claim or action by or on behalf of my spouse or dependants (present or future), for damages suffered or costs incurred arising out of or related to any aspect of my participation in the *VOICES NETWORK RETREAT*, including, without limitation, any of the matters described or contemplated at item 2 above.

VOICES is under the stewardship of the BGC WINNIPEG





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4. UNDERSTANDING

I DECLARE that I fully understand the terms of this Agreement and that I have not been influenced by any representations or statements made by or on behalf of BGC WINNIPEG not recorded herein.

I CONFIRM THAT I have read and understood this Agreement prior to signing it and I agree that the legal rights and obligations under this Agreement will be binding upon my heirs, next-of-kin, executors, administrators and successors. I am aware that by signing this Agreement I am releasing and waiving certain legal rights, including the right to sue and to be awarded potentially substantial damages, which I or my heirs, next-of-kin, executors, administrators and assigns have or may have against the Releasees.

5. JURISDICTION

I AGREE that this Agreement shall be governed in all respects by and interpreted in accordance with the laws of the Province of Manitoba.

Please Print Clearly:

Participant's Name _____ **Date of Birth** _____

Address _____ **City** _____

Province _____ **Postal** _____ **Phone # ()** _____

Email: _____

Parent/Guardian's Name _____

Address _____ **City** _____

Province _____ **Postal** _____ **Phone # ()** _____

Email: _____

Date: _____, 20____

(Signature of Participant)

(Signature of Parent/Guardian/Adult Support if Participant is under the age of 18)