



**“Rights. Advocacy. Action!”**  
**Voices: Manitoba’s Youth in Care Network**  
**Participant Registration Form (Ages 14 to 24)**  
**October 6<sup>th</sup>-8<sup>th</sup>, 2023**

*Please return registration form by Wednesday, September 6<sup>th</sup>, 2023*

**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? No \_\_\_\_\_ 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: \_\_\_\_\_

**Social Worker and Agency Contact Information**

Social Worker’s Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Foster parent or caregiver’s name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Cost: \$150**

**To be paid by: Agency \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Subsidy Requested (alumni 18+ only) \_\_\_\_\_**

**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 6<sup>th</sup>-8<sup>th</sup>, 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.

Participant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Voices: Manitoba's Youth in Care Network**  
**3<sup>rd</sup> Floor, 61 Juno Street, Winnipeg, MB R3A 1E6**  
**Phone: 204.982.4956 Toll free: 1.866.982.4956 Fax: 204.982.4950**  
**ask@voices.mb.ca**



## Participant Agreement

Please read the following carefully, and sign at the bottom if you agree:

- I will not consume or bring any alcohol or non-prescribed drugs before, during or on the way to/from the retreat. I will leave all weapons at home. **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 will be on time and participate in all of the activities. **Get in there!**
- I will treat Voices staff and volunteers, and the Camp Arnes staff, with respect. I understand that their role is to look out for my safety and well-being. **It's all love!**
- I will smoke only in areas designated by Camp Arnes. **Respect the environment.**
- I will not enter any dorm room other than my own under any circumstances. **Don't touch!**
- I understand that the purpose of the Voices Network Retreat is to help me understand my rights and learn different ways to make my voice heard. **Be empowered!**
- I agree to do my best with the skills I have developed. **Change (my) world!**
- I agree to have fun! **Woot-woot!!!**
- I understand that being at the Retreat is a choice, and that these guidelines are for everyone's safety. If I choose not to follow these guidelines, I am choosing to be sent home at my own or my parent/guardian's expense. **Choose to stay!**

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Care Giver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Worker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

What is at least one thing that you want to do while you're at the retreat?

<input type="checkbox"/> Share my story	<input type="checkbox"/> Make a s'more (or two)
<input type="checkbox"/> Make new friends	<input type="checkbox"/> Go for walks
<input type="checkbox"/> Learn about my rights	<input type="checkbox"/> Fly on the zipline
<input type="checkbox"/> Ask questions about being in care	<input type="checkbox"/> Hear other peoples' stories
<input type="checkbox"/> Dance	<input type="checkbox"/> Sit by the lake
<input type="checkbox"/> Something else: _____	



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## 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)**

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