



# TSESHAHT FIRST NATION

5091 Tsuma-as Dr. Port Alberni, BC V9Y 8X9  
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## Youth Fishday Consent Form

Date: \_\_\_\_\_

### Parent and Youth information

1| Parent/Guardian Name \_\_\_\_\_

2| Relationship to the Youth \_\_\_\_\_

3| Youth's Name \_\_\_\_\_

4| Youth's Age \_\_\_\_\_

5| Parent/Guardian emergency contact number \_\_\_\_\_

6| Youth's Phone number \_\_\_\_\_  
*If applicable*

7| Alternate emergency contact name and phone number \_\_\_\_\_

### Details of consent

8| Consent provided for:  Full Season \_\_\_\_\_

One time only (next upcoming fishday) \_\_\_\_\_

Other: \_\_\_\_\_

I, \_\_\_\_\_ [Parent/Guardian's Full Name], hereby grant

permission for my youth, \_\_\_\_\_ [Youth's Full Name], to participate in

Fishday. I have read and understood the information provided including safety and liability concerns, and I consent to my youth's involvement under the following terms and conditions:

**ACKNOWLEDGMENT OF RISKS:** I acknowledge that participating in Fishday involves certain inherent risks, including but not limited to:

- a. Accidental injuries while handling fish or equipment.
- b. Potential exposure to outdoor elements and natural hazards.
- c. Interaction with unfamiliar individuals and animals.

**SUPERVISION:** I understand that I am responsible for the supervision of my youth during Fishday. However, other responsible adults may take necessary actions to ensure the safety and well-being of my youth.

**SAFETY MEASURES:** I acknowledge that Tseshaht First Nation will take reasonable measures to ensure the safety of all participants. These measures may include but are not limited to:

- a. Conducting safety briefings and instructions.
- b. Enforcing compliance with safety guidelines and regulations.

**LIABILITY RELEASE:** I hereby release Tseshaht First Nation, its employees, volunteers, and any associated individuals or entities from any liability, claims, demands, actions, or causes of action arising out of or related to my youth's participation in Fishday, to the fullest extent permitted by law. This includes any injury, loss, or damage incurred during the event, except for cases of willful misconduct or gross negligence.

**MEDICAL TREATMENT:** In the event of an emergency or injury during the event, I authorize Tseshaht First Nation and its representatives to seek appropriate medical treatment for my youth. I understand that reasonable efforts will be made to contact me or the emergency contact provided below before seeking medical treatment, unless such contact would result in a delay that could jeopardize my youth's health or safety.

**TRANSPORTATION:** I understand that transportation to and from Fishday is my responsibility as the parent/guardian.

**PHOTOGRAPHY AND PUBLICITY:** I grant Tseshaht First Nation permission to take and use photographs, videos, or other media recordings of my youth participating in Fishday for promotional and publicity purposes, without any compensation to my youth or me.

I have carefully read and understood this consent form and acknowledge that I am voluntarily granting permission for my youth to participate in Fishday. I agree to be bound by its terms and conditions.

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit this signed for to Tseshaht First Nation prior to your youth's participation in Fishday.

*DO YOU WANT TO INCLUDE INFORMATION ON WHEN FORMS MUST BE SUBMITTED BY PRIOR TO PERMISSION GRANTED? HOW WILL THOSE YOUTH BE NOTED THAT THEY HAVE PERMISSION? A LIST, LIKE THE FISH PICKUP LIST?*

**9 | OFFICE USE ONLY**

**Received by:**

Fisheries Manager Date: \_\_\_\_\_

Fisheries Administrative Assistant Date: \_\_\_\_\_

Fisheries Lead Guardian Date: \_\_\_\_\_