

# Indigenous Writing and Storytelling

## Indigenous Relations & Supports

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## INFORMED CONSENT AND WAIVER OF LIABILITY

### NorQuest College YOUTH CAMP Event

#### SECTION 1: EVENT DESCRIPTION

##### **NATURE OF EVENT:** Indigenous Writing and Storytelling Youth Camp

NorQuest College has partnered with Indigenous writers Richard Van Camp, Anna Marie Sewell, and others, to host a writer's workshop for First Nations, Métis, and Inuit high school students. Work on your creative writing skills and learn more techniques that stem from poetry, graphic novel writing, fiction, and non-fiction. Please submit this completed application with a writing sample in any genre, of any length.

**DATES OF EVENT:** July 22-26, 2016

**ELIGIBLE APPLICANTS:** Indigenous youth/students (grades 9-12)

#### SECTION 2: TO BE COMPLETED BY STUDENT - WAIVER OF LIABILITY

I wish to participate in the NorQuest College Indigenous Writing and Storytelling Youth Camp.

The chance of injury to me can be reduced by carefully following instructions at all times while engaged in this event. I will follow them and any other instructions, rules or regulations which may be necessary during the trip event.

In consideration of the acceptance of my participation in the trip event, I release and agree not to make or bring any action of any kind against The Board of Governors of NorQuest College, NorQuest College, their officers, directors, employees, agents and all other parties in interest for any injury to me or damage to any of my property, whether from anyone's negligence or not, or any other cause, arising out of my participation in the trip event.

I also agree that if anyone makes any claims resulting from any injury to me (including death) or from any loss or damage to my property, I, my heirs and legal representatives will keep all those released by this Informed Consent and Waiver of Liability free of and indemnified from any loss, damages or costs because of those claims.

I further agree that my participation in this camp is entirely voluntary on my part and for my own benefit absolutely. This Informed Consent and Waiver of Liability shall be binding upon my executors and heirs.

## PERSONAL INFORMATION

Please complete all fields below:

LAST NAME (LEGAL):		FIRST NAME (LEGAL):	MIDDLE NAME (LEGAL):
BIRTHDATE: YEAR MONTH DAY		TELEPHONE – HOME: ( )	EMERGENCY CONTACT: ( )
STREET ADDRESS:		CITY / TOWN:	POSTAL CODE:
GRADE (most recently completed):	DIETARY RESTRICTIONS:		GENDER: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other
SCHOOL:	Please circle which you identify with: FIRST NATIONS, METIS, INUIT or OTHER		

### Freedom of Information & Protection of Privacy (FOIP) Notification Statement

The personal information requested on this form is collected under the authority of section 65 of the *Post-secondary Learning Act* and section 33(c) of Alberta's *Freedom of Information and Protection of Privacy Act* and will be used for the purpose of admission, registration, issuing income tax receipts, scholarships and awards, convocation, sending educational information, library services, emergency notification, and for College research and planning. Certain personal information will also be disclosed to Statistics Canada to comply with the *Statistics Act*; Alberta Advanced Education to meet reporting requirements; Alberta Human Services for determining and monitoring student eligibility for their services; work experience and practicum sites to set up appropriate placements; Students' Association for the purposes of membership, fee collection, and contacting students; and to the Alumni Association for the purposes of membership and information sharing. For information about the collection and use of this information, contact the NorQuest FOIP Coordinator at 10215-108 Street NW, Edmonton, AB, T5J 1L6, Tel. 780.644.6000.

### DECLARATION OF APPLICANT

I acknowledge the FOIP statement above, and verify that all information contained on this form is true and complete and that no relevant information has been withheld and that if I have misrepresented myself in any way my application for admission may be denied. I agree, if admitted to NorQuest College, to comply with the policies, rules and regulations of the College, or I may be withdrawn. I understand the use of the information that I have provided will be used in compliance with the FOIP legislation. If admitted to a collaborative program, I will abide by the rules and regulations of the collaborating institution. I also authorize NorQuest College to exchange my records with collaborating institutions. NorQuest College reserves the right to refuse admission or cancel any admission ruling.

\_\_\_\_\_  
PRINTED NAME OF STUDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE