

## Youth Recreation TEAM Funding Application Form

Team Name: \_\_\_\_\_ Activity: \_\_\_\_\_ Total cost: \$ \_\_\_\_\_ Total Requested: \$ \_\_\_\_\_

Amount paid/fundraised by applicants: \$ \_\_\_\_\_ Activity Location: \_\_\_\_\_ Activity Dates: \_\_\_\_\_

Team Manager - Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Have you previously been sponsored by the Cowichan Tribes Youth Recreation Committee?  YES   NO

When: \_\_\_\_\_ For: \_\_\_\_\_ Make Cheque Payable To: \_\_\_\_\_

\*\*\* Approved applicants must commit to volunteering at 1 Cowichan Tribes community event or activity within 12 months of this application. \*\*\*

Initial here to acknowledge and accept this condition. \_\_\_\_\_

Applicants Name	Parent/Guardian Name	DOB	Applicants Status Number	Phone Number	Applicants Signature <small>(Parents Signature for applicants under 18)</small>
1		YYYY/MM/DD			
2		YYYY/MM/DD			
3		YYYY/MM/DD			
4		YYYY/MM/DD			
5		YYYY/MM/DD			
6		YYYY/MM/DD			
7		YYYY/MM/DD			
8		YYYY/MM/DD			
9		YYYY/MM/DD			
10		YYYY/MM/DD			
11		YYYY/MM/DD			
12		YYYY/MM/DD			
13		YYYY/MM/DD			
14		YYYY/MM/DD			

**If additional space is needed please use a second form**

**OFFICE USE ONLY** - Date Received: \_\_\_\_\_ Approved:  -YES  -NO Sponsorship Amount: \$ \_\_\_\_\_

Approval Name: \_\_\_\_\_ Approval Signature: \_\_\_\_\_



**Cowichan Tribes Youth Recreation Committee - RELEASE AND INDEMNITY**

**TEAM FORM**

Cowichan Tribes Youth Recreation Committee provides financial assistance to Band members who have met prescribed financial needs criteria.

Cowichan Tribes Youth Recreation Committee and Cowichan Tribes assume no responsibility for the safety of the members/players /coaches/chaperones, etc., while on Youth Recreation Committee sponsored trips. Participation in Youth Recreation Committee sponsored trips is voluntary. Trips may include participation in activities which involve risk, dangers and hazards including, but not limited to, riding and disembarking on buses or other means of transportation; natural hazards including rock, earth, ice, trees, tree wells, tree stumps and forest deadfall, creeks and crevasses; weather conditions including electrical storms, earthquakes, rain; animals including both wild and domesticated animals which may attack, unprovoked or otherwise.

I, the undersigned parent/coach/chaperone/ participant, fully accept and assume responsibility for all the hazards referred to above, and any hazards that are not herein described. I accept that Cowichan Tribes Youth Recreation Committee and Cowichan Tribes have no responsibility to me or my child/children to take steps to assure me of my child/children's safety while on school sponsored outings. Cowichan Tribes Youth Recreation Committee may provide financial assistance for my child/children's participation in Youth Recreation Committee Sponsored outings but this does not create any other promises or assurances or any special relationship or duty of care.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT**

In consideration of Cowichan Tribes Youth Recreation Committee accepting my application for financial assistance for my participation and/or my child/children in Youth Recreation Committee sponsored trips, I hereby agree as follows:

1. I waive any and all claims that my child/children or I have or may in the future have against Cowichan Tribes, and its council, employees, agents and representatives, including Cowichan Tribes Youth Recreation Committee, (all of whom are hereinafter collectively referred as "the Releasees"), whether in negligence, or otherwise, and release the Releasees from any and all liability for any loss, damage, injury or expense that I, or my child/children may suffer as a result of Cowichan Tribes Youth Recreation Committee providing financial assistance.
2. This Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity or in any event.
3. The Agreement shall be governed by and interpreted in accordance with the laws of British Columbia.
4. Any litigation involving the parties to this Agreement shall be brought within the province of British Columbia.
5. In entering into the Agreement, I am not relying upon any oral or written representations or statements by the Releasees other than what is set forth in this Agreement.
6. I have read and understand this Agreement and I am aware that by signing this Agreement, I am waiving certain legal rights, which I or my heirs, next of fin, executors, administrators, assigns and representatives, may have against the Releasees.

**SIGNATURES ON REVERSE SIDE –  
ALL TEAM MEMBERS/GUARDIANS APPLYING MUST SIGN**

	<b>Participant Name</b>	<b>Name of Parent (if applicant is a minor)</b>	<b>Parent/Participant Signature</b>	<b>Date dd-mm-yyyy</b>	<b>Witness Signature</b>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					