



**DALHOUSIE  
UNIVERSITY**

FACULTY OF AGRICULTURE

## Dalhousie Agricultural Campus AWTIKET Indigenous Youth Camp Application

Awtiket is open to all Indigenous students (First Nations, status/non-status, Métis and Inuit) in Grades 9 to 12. The below application **MUST** be completed for consideration for Awtiket . Please forward your application with subject line of Awtiket Registration to: [awtiket@dal.ca](mailto:awtiket@dal.ca)

### APPLICANT CONTACT INFORMATION

Full Name: \_\_\_\_\_  
*Last First Middle Initials*

Mailing Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City Province Postal Code*

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ Email: \_\_\_\_\_

DOB (mm/dd/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

First Nation Affiliation/Community: \_\_\_\_\_

Current school and Grade level: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Are you the legal guardian? YES NO

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone number (H): \_\_\_\_\_ (C): \_\_\_\_\_ (W): \_\_\_\_\_

### APPLICANT MEDICAL INFORMATION

Provincial health card #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Do you have any known allergies? YES NO If yes, please list: \_\_\_\_\_

Do you take any medications? YES NO If yes, please list: \_\_\_\_\_

Do you take any dietary restrictions? YES NO If yes, please list: \_\_\_\_\_

**CAMP EXPECTATIONS**

(Please read over the following with your child):

I am aware that my child/ward has applied to the Awtiket Indigenous Youth Camp at Dalhousie University Agricultural Campus and they have my permission to attend if accepted. This camp takes place in various environments with unpredictable circumstances where certain risks may occur, as described in the assumption of risk, waiver and release found at the end of this application.

Students are expected to participate in all activities and workshops. Participants are expected to stay with the group at all times. If students leave the group, the chaperones and/or coordinators cannot guarantee their safety. Participants are also expected to attend the entire camp, barring exceptional circumstances. Participants may NOT smoke, drink, or use recreational drugs during the camp event. Applicants are expected to be mature, respectful and polite towards other participants, chaperones, Elders, guests, and teachers. They are also expected to be respectful towards the campus and the property of others. During the camp activities, photos will be taken. With signed consent, parent and child give full permission for the use of these photos in any manner seen necessary by Dalhousie University and its Agricultural Campus.

Please do not hesitate to contact Keah Gloade, Manager Indigenous Students, if you have any questions at (902)956-9270.

(For the Applicant) I have read and understand the above.

Applicant signature: \_\_\_\_\_

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

(For the parent/guardian) I have read and understand the above.

Parent/guardian signature: \_\_\_\_\_

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

(For the parent/guardian) I grant permission for a member of the Awtiket Youth Camp staff to seek medical attention for my child, if necessary.

Parent/guardian signature: \_\_\_\_\_

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

**SELECTION QUESTIONNAIRE**

What makes you a good candidate for the Awtiket camp?

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Why would you want to pursue a career in science?

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Shirt Size? (Select from dropdown menu)

Please forward your completed application with subject line of Awtiket Registration  
to: Keah Gloade, Manager of Indigenous Students at  
[awtiket@dal.ca](mailto:awtiket@dal.ca)

**ASSUMPTION OF RISK, WAIVER AND RELEASE**

**This document includes a release of legal rights – please read and understand prior to signing.**

**TO: DALHOUSIE UNIVERSITY**

<b>Name</b>	
<b>Address</b>	

WHEREAS Dalhousie University's Faculty of Agriculture, Truro, Nova Scotia ("Dalhousie") from time to time makes its campus and facilities available for tours, events, and other activities including, but not limited to, tours of the campus farm, greenhouses, Aquaculture Centre, buildings and gardens, as well as touring other locations or performing supervised laboratory activities (collectively, the "Activities");

AND WHEREAS I, the above named individual (the "Participant"), wish to voluntarily participate in the Activities.

NOW THEREFORE for good and valuable consideration, the receipt and adequacy of which are hereby acknowledge, I agree as follows:

**Assumption of Risks:** I am aware that participating in the Activities involves associated risks, dangers, and hazards to Participants (the "Risks"), and I understand the nature and extent of such Risks which may include, but are not limited to: exposure to animals which, by their nature, may be unpredictable; contact with feed, bedding, manure and other animal by-products; exposure to plants and related plant materials; and, the use of laboratory equipment, including chemicals and biological samples. I further understand the Risks also include the potential for exposure to zoonotic diseases (ones that can be transferred from animals to humans). While the risk associated with zoonotic diseases is minimal for most individuals, certain health conditions create an elevated risk of significant illness. The following groups have an elevated risk of being affected by zoonotic diseases:

- o Children under the age of 5 years
- o Pregnant women
- o Adults over the age of 65 years
- o Anyone with a compromised immune system ( ex. a cancer patient undergoing chemotherapy)

I assume such Risks and associated responsibilities knowingly and willingly and accept full responsibility for any injury, loss, damage, or expense I or third parties may sustain resulting from or arising out of my participation in the Activities.

**Release and Waiver:** Knowing the Risks described above, I agree to waive, release, hold harmless and indemnify Dalhousie, its board of governors, officers, employees, students, agents, or representatives from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, related to my participation in the Activities or resulting from any cause including but not limited to negligence or breach of duty of care.

I have carefully read and understand this Assumption of Risk, Waiver and Release before signing. This document shall be governed by and interpreted solely in accordance with the laws of the province of Nova Scotia.

Signed at \_\_\_\_\_, in the Province of Nova Scotia this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Witness Name:**

Where the participant is under 19 years of age, the signature of a parent / legal guardian is required.

\_\_\_\_\_  
**Guardian's Signature**

\_\_\_\_\_  
**Witness Name:**

**Relationship:**\_\_\_\_\_