

Form 261-3 CONSENT AND WAIVER

Participation in a Sweat Lodge Ceremony

I/We, the UNDERSIGNED, request that my/our chi	ild be permitted to
	Name of Child
participate in and do hereby consent and agree to	the participation of my/our child in the following class:
On our	class has the opportunity to participate in a Sweat
Lodge Ceremony with	
will leave the school at and will return by	Students are expected to follow traditional protocol
and must bring water, a towel and appropriate clot	
Sweat Lodge and cannot be eliminated without desbut not limited to, high temperature in the lodge, rinside the lodge. These risks cannot be altered or activity/ceremony. Good Spirit School Division doebelieves it is important for you to know in advance I/We, the UNDERSIGNED, am/are aware that partic	the Sweat Lodge involves certain risks, which are inherent to the stroying the unique character of the ceremony. For example, risk of dropping heavy rocks or being burned by the hot rocks changed without changing the very nature and purpose of the es not want to reduce enthusiasm for this ceremony, but what to expect and to be informed of the inherent risks.
and property loss or damage to the participants and taken by my/our child in connection with the cerem	d agree that I/we remain legally responsible for any actions mony.
I/We, the UNDERSIGNED, hereby voluntarily waive any and all claims I/we, my/our heirs, executors, successors, administrators and assigns may have at any time against Good Spirit School Division, its officers, directors, teachers, employees or volunteers for any personal injury, death, property damage or other loss suffered or sustained by my/our child while attending and/or participating in the ceremony.	
I/We, the UNDERSIGNED, understand that this release from liability does not waive claims for any injury, loss or damage caused by the sole negligence of Good Spirit School Division or its employees, servants or agents while acting within the scope of their duties.	
BY SIGNING this Consent and Waiver, I/we am/are acting voluntarily, and am/are not relying on any oral or written representations or statements made by Good Spirit School Division, or any of its officers, directors, employees, representatives or agents to induce me to register my/our child in the activity.	
SIGNED this day ofMonth	20 at Saskatchewan.
Print Name (parent or guardian)	Print Name (parent or guardian)
Signature (parent or guardian)	Signature (parent or guardian)
Ognicials (parametri gamenti)	organisation (partition of guarante)
I understand the risk as outlined above. I also understand that I must follow the directions of the Elders/Traditional Knowledge Keeper.	
Student Signature (only for students 18 and older)	Date