Semá:th First Nation

2788 Sumas Mountain Road, Abbotsford, BC V3G 2J2
Telephone: (604) 852-4041 Fax: (604) 852-4048

Canoe Journey Consent Form & Liability Waiver

Duration of Canoe Journey: July 17, 2026 – August 6th, 2026

Consent Form

I _____(Name) would like to participate in the Semá:th Healing Homes Trip to Paddle to Nisqually 2026 – Canoe Journey.

This includes off-site activities in arranged transportation by Semá:th First Nation employees and Volunteers.

Risk & Medical Authorization

Although Semá:th First Nation will take cautions and safety measure through the Canoe Journey, I understand that participation involves some risk. I release Sema:th First Nation, its staff, and volunteers from liability. ☐

I also am aware that I am responsible for getting recommend but optional travel insurance. ☐

In the event of a medical emergency, I authorize staff to seek necessary medical treatment for myself. ☐

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Required Information	
Participant Information:	**Name:** _____ **Legal Name:**_____ **DOB:** _____ **Email:**_____
	☐ **M** ☐ **F** ☐ **Non-Binary**
Emergency Contact:	**Name:** _____ **Relationship:** _____ **Phone:** _____
Medical Information:	**Doctor:** _____ **Phone:** _____ **Allergies/Conditions**_____ **Dietary Restrictions** _____
Photo/Media Permission:	☐ **Yes** ☐ **No**
Signature:	**Name:** _____ **Signature:** _____ **Date:** _____

Attached copy of Valid ID