SAGAMOK FALL HARVEST 2025 - REGISTRATION FORM

PARTICIPANT/CAMPER			
Family Name:	Given Name:		Male ☐ Female ☐
Home Address:	Mailing Address:		DOB DAY/MONTH/YEAR ___/___/_____
Home Phone:	Cell:	Messages:	

GROUP - Please list additional Family/Dependents/Group Members i.e. Eagle Lodge Elders			
	Name	Age	Relationship/Group
1			
2			
3			
4			
5			
6			
7			

MEALS			TRANSPORTATION			TENT		
Do you require meals?	YES		Do you require transportation?	YES		Do you require utilization of a prospector tent for accommodations? **Sharing a Tent may be required**!	YES	
	NO			NO			NO	

Please check off day(s) that you will require for TRANSPORTATION, TENT and MEALS											
DATE	TRANSPORTATION	TENT	MEALS								
Mon Oct 6			Breakfast		Lunch		Supper				
Tues Oct 7			Breakfast		Lunch						
Wed Oct 8			Breakfast		Lunch						
Thurs Oct 9			Breakfast		Lunch						
Fri Oct 10			Breakfast		Lunch						

HEALTH CONCERNS		
Please state if participant has allergies or medical conditions:		
List medications:		
Health Card Number:		
EMERGENCY CONTACTS		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

REGISTRATION DEADLINE: Tuesday September 30, 2025 @ 4:30pm

SEE OVER

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POSSESSION ACQUISTION LICENSE: Yes ☐ No ☐

POSSESSION ONLY LICENCE: Yes ☐ No ☐

VOLUNTEER:

Would you like to volunteer at the Fall Harvest? Yes ☐ No ☐

List Activity: _____

RELEASE OF LIABILITY:

I acknowledge that I am participating voluntarily in the Sagamok Anishnawbek Fall Harvest. I agree to assume all risk of injury, death, damages, theft and loss to personal property, which may result from my participation in the Sagamok Anishnawbek Fall Harvest. I recognize that loss of property, injury or death could arise from the Fall Harvest activities contemplated by the traditional gathering and the risks normally encountered on the land and water from being out on the land or water may be enhanced by exposure to the elements and other risks inherent in outdoor activities. I retain the right to not participate if I feel the risks are too great on any given day, however, I realize in so doing that I forfeit any claim to Sagamok Anishnawbek. I warrant that I am in good physical and mental health and am physically capable of withstanding the requirements of the Sagamok Anishnawbek Fall Harvest activities.

PHOTO & VIDEO RELEASE:

I understand and agree that any and all photographs, videos or films taken during the course of my participation in the Sagamok Anishnawbek Fall Harvest which includes me, my name may be used by the Sagamok Anishnawbek Fall Harvest organizers or media without my prior consent and withhold royalties.

It is hereby acknowledged that the contents hereof are fully understood by the Participant (and Parent/Guardian) who agree(s) that same shall be binding upon (his/her/their) heirs, successors, executors, administrators and assigns.

Agree: Yes ☐ No ☐

BEHAVIOUR EXPECTATIONS

In order to make your camp experience as successful as possible, please review our "**Fall Harvest Camp Rules"**.

PARTICIPANT SIGNATURE: _____

Reminder: Child (ren) under the age of 18 years requires Parent/Guardian Signature.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

Further information contact:
LRE or Claims and Negotiations Department
(705) 865 – 2421 ext. **550, 551, 401, 113 or 552**

SEE OVER