



INTRODUCTION TO CO-OP YOUTH LEADERSHIP

PARTICIPATION WAIVER

I, _____, parent or guardian of

_____ (child's name)
voluntarily choose to have my child participate in a session of the Co-op Youth Leadership Program (the "Program") with the full knowledge that there will be some risks inherent in activities of the Program, and I hereby waive any and all claims that I have or may have in the future and release Manitoba Cooperative Association ("Co-op"), its directors, officers, employees, volunteers, sponsors, and host locations (collectively the "Releasees") from all claims in respect to death, injury, loss or damage to my child and/or his/her property arising from the participation in or connection to the activities of the Program notwithstanding that the same may have been contributed to or occasioned by an act or failure to act of the Releasees, whether jointly or severally.

I am aware that COVID-19 (Coronavirus Disease 2019) is a highly contagious and dangerous respiratory disease and has been declared a pandemic by the World Health Organization. COVID-19 spreads mainly through person-to-person contact via respiratory droplets, such as when an infected person talks, coughs, or sneezes. Federal, provincial, and municipal governments and public health authorities recommend or require social distancing and other public health measures to prevent transmission of COVID-19. The Co-op is following applicable public health requirements and has put in place preventative measures to reduce the possibility of COVID-19 spread.

I fully understand that the Releasees cannot guarantee that I and/or my child will not become infected with COVID-19 while present at or participating in the activities of the Program. I acknowledge the risk of exposure to COVID-19 whenever I and/or my child come in contact with other children or adults, or otherwise as a result of being present at or participating in the activities of the Program, which I nevertheless accept. I further understand that by being present at or participating in Program activities, I and/or my child could face an increased risk of contracting COVID-19 and I freely accept and fully assume all such risks, dangers and hazards, and the possibility of injury, illness, disability, and death related to COVID-19 exposure or infection. I specifically waive any and all claims that I have or may have in the future against the Releasees and release them from any and all liability on account of loss, damage, expense or injury, including death, that I and/or my child may suffer or that my next of kin may suffer, related to COVID-19 exposure or infection before, during, or after participation in the Program and/or Program activities.

I am familiar with federal and provincial laws and guidelines related to COVID-19, including current public health measures. I and/or my child will comply with all said laws, orders, directives and guidelines, including, without limitation, increased hand sanitization, social and physical distancing between households, and the use of face masks. I and/or my child will follow any other directions and instructions from the Co-op related to COVID-19 safety measures while present at the Program or participating in the activities of the Program. For greater certainty, I consent to my child using all safety and personal protective equipment provided to my child and agree that my child will adhere to all safety instructions and recommendations, whether oral or written.

I consent to emergency treatment of my child in the event of injury or illness. I also consent to free use of my child's name and photograph in connection with the Manitoba Cooperative Association in print, online and other formats. I consent to the sharing of my child's contact information (phone number, email address and mailing address) amongst program participants and program volunteers. I further acknowledge that I have read this release and understand its effect.

Parent/Guardian Signature _____

Date _____

CONTACT US

youth@manitoba.coop

204-989-5930

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www.manitoba.coop



PRESENTED BY

Manitoba Cooperative
Association Inc.



WHAT IS CO-OP YOUTH LEADERSHIP?

Since 1985 the Manitoba Cooperative Association has been offering Co-op Youth Leadership Retreats for 15-18 year olds. Emphasizing learning through participation these retreats give youth from across Manitoba the opportunity to learn and grow in a fun camp setting. In 2022 we are bringing the Co-op Youth Leadership Program (CY) to you in your communities!

Designed for students in Grades 10 - 12, in 2022 we will be offering a one-day program in 3 different communities across Manitoba

WHAT YOU WILL LEARN

Our Intro to CY program is designed to deliver a taste of some of what you will learn at our traditional Co-op Youth Leadership Retreats.

Through a series of exercises, simulations and games we will introduce the following concepts: group dynamics, effective communications, conflict resolution, mediation, leadership styles and cooperating together.

WHERE AND WHEN

Running from 9:30 am until 4:00 pm we are offering our one-day program in three different communities:

- Friday, May 13 in Elm Creek
- Saturday, May 28 in Dominion City
- Saturday, June 4 in Minnedosa

There is no cost to participate and lunch, snacks and all supplies will be provided.

HOW TO REGISTER

If you are in Grades 10 - 12 and are ready for a day of fun and learning, please complete both sides of this registration form and return via email or mail to the Manitoba Cooperative Association office. There is no cost to participate and lunch, snacks and all supplies will be provided on site. Once we receive your registration you will be emailed details of where to meet us in your chosen community at 9:30 am the day of your session.

Legal Name: _____

I Prefer to be called: _____

Email: _____

Mailing address: _____

Phone: _____

Date of Birth (DD/MM/YY): _____

School: _____

Grade: _____

I will attend (choose one):

- Friday, May 13 in Elm Creek
- Saturday, May 28 in Dominion City
- Saturday, June 4 in Minnedosa

We require all participants in our programs to be fully vaccinated for COVID-19
 I confirm that I am considered fully vaccinated for COVID-19

Diet Restrictions: _____

Special health problems we need to be aware of: _____

Manitoba Health PH ID number: _____

Emergency Contact Name: _____

Emergency Contact Relationship: _____

Emergency Contact Phone Number (must be available to answer during the program delivery): _____

Please complete both sides of this registration form and email it to youth@manitoba.coop - we will email you back a confirmation with additional location details.

