



**Gwaandak Theatre Society
2023-2024 Youth Program
Permission to Participate**

Gwaandak Theatre's Storytellers Rising program is for Indigenous youth ages 14-20 who are interested in attending live theatre performances in Whitehorse and participating in post-show talkbacks with other youth and/or the artists involved. All youth participants as well as their parent/guardian (if under the age of 19) are required to complete this permission slip once and, after doing so, may attend as many Storytellers Rising events as they'd like!

I (name of participant) _____ would like to participate in Gwaandak Theatre's 2023-2024 Storytellers Rising program and agree to review the agreement below and follow the guidelines and expectations for participants of this program.

I (name of parent/guardian) _____
(relation to participant: _____)

give (name of participant) _____
permission to participate in Gwaandak Theatre Society's 2023-2024 Storytellers Rising program and agree to review the agreement below and support

(name of participant) _____ in following the guidelines and expectations for participants of this program.

Attendance

I understand that participation in the Storytellers Rising program is free of charge (tickets for each show will be purchased by Gwaandak Theatre) and does not require me to attend every show offered through the program - I can choose which shows I would like to attend as they are announced (when each event is announced there will be a date by which youth need to RSVP to attend). Attending a show means arriving early (at least 15 minutes before the show starts) and staying after the show to participate in a group talkback. I understand that participants are responsible for arranging their own travel to and from each event.

- I give permission for the participant to leave the event venue without accompaniment by a parent/guardian
- The participant must be picked up following the event by one of the following individuals:

If someone other than those listed above will be picking up the participant from an event, I will let the program coordinator or Gwaandak staff supervisor know either at drop off or by email at least 24 hours in advance.

Parent/Guardian Initial: _____ Participant Initial: _____

Supervision and GTS Contact Information

I understand that each event in the Storytellers Rising program will be attended, supervised and facilitated by a Storytellers Rising program coordinator, supported by a member of Gwaandak Theatre's staff (Colin Wolf - Artistic Director, Sara German - Production Manager, Rebecca Ballarin - Administrative and Operational Manager, or RJ Smith - Marketing Manager).

All Gwaandak Staff and program coordinators have read and signed Gwaandak Theatre's Child Safety Code of Conduct and have completed Vulnerable Sector Checks through the Whitehorse RCMP. Contact information for the coordinator and staff member that will be present will be provided upon registration for each event. If I would like to discuss any aspect of the above-named participant's experience at a Storytellers Rising event, I will direct inquiries to any of the following people:

Colin Wolf, Executive Artistic Director (colin@gwaandaktheatre.ca or 403-651-1051)
Rebecca Ballarin, Administrative and Operational Manager
(rebecca@gwaandaktheatre.ca or 416-884-1494)
Nicole Schafenacker, Board President (board@gwaandaktheatre.ca)

Parent/Guardian Initial: _____ Participant Initial: _____

Photo/Video Release

I grant permission to Gwaandak Theatre to use any photos or videos taken at Storytellers Rising events, with participants' consent, for any legal use including but not limited to promotional and marketing materials for the Storytellers Rising program and/or Gwaandak Theatre Society. I understand that no royalty, fee or other compensation will be payable to the participant for use of their photo. If I have any restrictions regarding the use of my image (for example, "I am okay with images being shared on Gwaandak's Instagram account, but not their Facebook account" or "I am okay with images being shared anywhere as long as I am not named alongside the image"), I will indicate them here:

Parent/Guardian Initial: _____ Participant Initial: _____

Health & Safety

Gwaandak Theatre will endeavour to have at least one person with current First Aid/CPR training on site at every Storytellers Rising event.

If a participant is injured while participating in a Storytellers Rising event, staff will contact the emergency contacts listed below. I understand that there will be a First Aid kit on site and an Incident Report must be filed for all injuries that happen on-site. If the injury is minor, the parent/guardian picking up the participant will be notified at the end of the session and will be provided with a copy of the incident report upon request. In cases of severe injury when immediate medical attention is required, emergency contacts will be notified immediately and an ambulance will be called. The participant will be taken to the hospital and will be accompanied in the ambulance by a Gwaandak Theatre representative if a parent/guardian/emergency contact has not yet arrived.

If the above-named participant has any health concerns or access needs that the Gwaandak Theatre staff should be aware of to ensure their full and safe participation in this program, I will provide this information below, alongside emergency contact information (at end of form).

Parent/Guardian Initial: _____ Participant Initial: _____

COVID-19

At the time of signing, Gwaandak Theatre Society's COVID-19 protocols for the Storytellers Rising program are as follows:

- Masks are not required, but are strongly encouraged;
- Anyone experiencing any symptoms of illness should stay at home (staff contact for the event should be notified ASAP so that ticket can be released to someone else!);
- Any participants who have been in close contact with someone with a confirmed case of COVID-19 within the 7 days prior to the meeting may only attend the event if they test negative on a rapid test the same day. Rapid tests can be provided by Gwaandak Theatre on request.

I understand that Gwaandak's COVID-19 protocols may change at any time and will always follow public health recommendations.

Parent/Guardian Initial: _____ Participant Initial: _____

Participant Conduct and Expectations

Gwaandak Theatre is responsible for doing its utmost to ensure a safe, healthy and respectful environment, free of bullying and harassment of any kind, for all Storytellers Rising participants at all events. Gwaandak Theatre representatives will always engage with Storytellers Rising participants in a positive manner that builds self-esteem.

No discrimination based on ancestry, race, colour, religion, national origin, ethnic or linguistic background/origin, age, sex including pregnancy, gender identity, sexual orientation, marital or family status, source of income, criminal record, political belief, physical or mental disability, and no harassment will be tolerated at Storytellers Rising events, in communications between events, at Gwaandak Theatre events or on social media.

If a participant's behaviour becomes inappropriate while on-site, the facilitators will identify the behaviour and work with the participant to work through the situation. If inappropriate conduct continues, parents/ guardians will be notified. Gwaandak Theatre reserves the right to suspend or terminate a participant's involvement in the Storytellers Rising program at any time.

Parent/Guardian Initial: _____ Participant Initial: _____

Reporting

If a participant discloses to their parent/ guardian or a Gwaandak Theatre representative that they have experienced or witnessed inappropriate behaviour by anyone during Storytellers Rising programming, the parent/ guardian or Gwaandak representative will inform the Executive Artistic Director, Colin Wolf (contact information above). The EAD will inform the Board of Directors and together, they will open an investigation if the participant chooses to file a formal complaint. If a complaint is filed against the EAD, the parent/ guardian or Gwaandak representative will inform the Administrative and Operational Manager, who will open an investigation with the Board of Directors (contact information for Gwaandak Theatre staff and board is located above).

If a Gwaandak Theatre representative feels unequipped to deal with or unsafe due to a participant's behaviour, the representative should inform the EAD. If the behaviour does not warrant suspension/termination from the program, the EAD will contact the participant's parent/guardian to discuss the behaviour and discuss alternative methods for dealing with said behaviour safely and appropriately.

Gwaandak Theatre understands the importance of the duty to report as outlined in the Childhood Family Services Act and all allegations of abuse or neglect of any kind will be taken seriously.

Parent/Guardian Initial: _____ Participant Initial: _____

Liability/Indemnity

I understand that all reasonable safety precautions will be taken at all times by Gwaandak Theatre Society and its employees and contractors during all activities.

I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend the Theatre, its officers, directors, employees, contractors, agents and any other representatives associated with the Theatre and its activities, from any and all actions, claims, damages, demands, costs, expenses and all consequential damages arising from or in connection with any injury, property damage, or negligence while participating in activities with the Theatre. I agree to compensate the Theatre, its officers, directors, employees, contractors, agents and any other representatives associated with the Theatre and its activities for reasonable legal fees and expense which may be incurred due to any matter brought against them as a result of any such injury, property damage or negligence.

Parent/Guardian or Participant (if over 19 years of age) Initial: _____

Parent/Guardian Signature

Date:

Name (Printed)

Phone Number

Email Address

Participant Signature

Date:

Name (Printed)

Phone Number

Email Address

EMERGENCY CONTACT INFORMATION

Name:

Relationship to Participant:

Phone Number #1:

Phone Number #2:

Name:

Relationship to Participant:

Phone Number #1:

Phone Number #2:

Any known allergies or medical conditions:

Any additional information we should know to ensure health and safety during programming:

ACCESS NEEDS

Please let us know if the participant has any access needs that should be discussed with staff prior to their participation in the Storytellers Rising program to ensure their full participation in programming: