



**NORTHERN
ASSOCIATION
OF COMMUNITY
COUNCILS**

Northern Healthy Foods Initiative

9-395 Berry St., Winnipeg, MB R3J 1N6

Phone: (204) 947-2227 Ext 2

Toll Free: 1-888-947-6222

Fax: 204-947-9446

Email: programnhfi@naccmanitoba.com

Workshop Registration and Waiver

Event:

Community:

Date:

Registration

Select one:

- ☐ Community Food Champion, **OR**
☐ General Public

Name(s) of registrant(s):

Participant age(s)

- ☐ Under 18:
☐ 18-30:
☐ 31-50:
☐ 50-60:
☐ 60+:

Mailing address, town, postal code:

Phone:

Email:

I wish to receive the NACC Newsletter

- ☐ Yes
☐ No

Signature:

Parent/Guardian signature, if under age 18:

Note: There is no cost to attend. Limited spots available.



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Photo Permission

I give permission for NACC and partners of the Northern Healthy Foods Initiative to use photographs taken of me, and my children listed on this form, for the purposes of publication, display, articles, promotions, websites, social media and visual presentations without payment or compensation to me.

I understand that these photos may be used to tell the story of northern Manitoba communities taking action and leading efforts to improve food security, community development, youth and senior engagement, and population health. By signing this form, I confirm that I am over 18 years of age and/or a guardian of the participant(s).

Date:

Signature:

OR Check here: ☐ for NO PHOTOS

Liability Waiver

I, _____ acknowledge that in participating in the Workshop as outlined, I agree to hold harmless the Northern Association of Community Councils Inc. from any and all claims for damages, injury, and loss that I or my organization may sustain during the course of the Workshop and I accept full responsibility for all such damages, injury and loss arising from my participation. By signing below, I acknowledge that I have read and agree with the above statement.

Signature:

Date: