



**L.S.L.I.R.C KNOWLEDGE SHARING GATHERING  
JULY 24-25, 2026  
POW WOW GROUNDS, SUCKER CREEK**

**Full Name:**

First Name

Last Name

**Phone Number:**

**Email:**

**First Nation:**

**Age Category:**

Any Allergies or Food Allergies: \_\_\_\_\_

Elder – 65+

Adult – 18+

Youth

I, \_\_\_\_\_, hereby grant permission for my image and voice to be captured in photographs and videos during the Knowledge Sharing Gathering. "I understand that these photos and videos may be used to provide historical context and to promote the sharing of traditional knowledge and other information among the member Nations of the Lesser Slave Lake Indian Regional Council and LSLIRC TARR and their designates or assignees

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

