



# WHITEFISH RIVER FIRST NATION (WRFN) 2025 HOLIDAY GIFT APPLICATION including anyone under 18 years of age

## Parent/Guardian/Applicant Information

*\*Please complete page three if you are applying on behalf of anyone under 18 years of age.*

Last Name		First Name	
Status Number	Date of Birth		Phone Number
Street Number	Street Name		PO Box
City/Town	Postal/ZIP Code		Email Address

## CHEQUE MAILING OR DIRECT DEPOSIT (check one)

- I would like a cheque mailed to the address above.
- I would like a direct deposit to the same account as the RHT top-up (if applicable) and have consented to the sharing of information.
- I will provide my direct deposit information for the 2025 Holiday Gift.

## GIFT DESCRIPTION

### ACKNOWLEDGEMENT, CONSENT, AND RELEASE

I, \_\_\_\_\_ (Name of Parent/"Releasor") of \_\_\_\_\_ (City)  
in the Province/State of \_\_\_\_\_, hereby covenant and agree that for the sum of Five Hundred Dollars (\$500 CDN), which shall be deemed to be good and valuable consideration, the receipt and sufficiency of which the Releasor hereby acknowledges, the Releasor does hereby remise, release and forever discharge Whitefish River First Nation (the "Releasee"), its Chief and Council, and any of its agents, employees, successors, assigns, associates, affiliates, subsidiaries, parents or partners or any of them (collectively, the "Releasees"), of and from all manner of actions, causes of action, suits, debts, dues, accounts, bonds, covenants, contracts, claims, complaints and demands whatsoever, contractual, statutory or otherwise, arising out of the payment of the Holiday Gift.



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**AND** the Releasor hereby affirms and warrants that they are the parent or legal guardian of the Minor, that the Minor is an Entitlement Member as defined in the Membership Code of Whitefish River First Nation, and that the Minor was under the age of 18 years on the date this application for the Holiday Gift is signed. The Releasor hereby acknowledges and agrees that they have received the above \$500 (CDN) on behalf of the Minor and shall retain or use the \$500 (CDN) for the benefit of the Minor.

**AND** the Releasor hereby affirms and warrants that the Releasor has read and fully understands this Release and Indemnity, that it constitutes full and final release of all claims or complaints, contractual, statutory or otherwise, which the Releasor may have against the Releasees, and makes the Releasor Responsible for any claim or complaints brought by the Minor, the Minor's heirs, executors, successors, assigns, personal representatives or any of them, relating to the payment of the Minor's Holiday Gift to the Releasor or the use of such payment and that this Release and Indemnity is executed by the Releasor voluntarily.

**AND** the Releasor hereby affirms and warrants that the Releasor has obtained independent legal advice with respect to the terms of this Release and Indemnity or has waived the right to do so.

I have provided a copy of valid photo identification of each applicant for verification purposes.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

*Electronic signatures will not be accepted. Please print and sign the application form.*

**Applications for the 2025 Holiday Gift will only be accepted until January 31, 2026. Applications received after this date will not be accepted.**

### **Please return completed forms to:**

WRFN Administration Office C/O Trust Secretariat  
17A Rainbow Ridge, PO Box 188  
Birch Island, ON, P0P 1A0

**Or email to:** [holidaygift@whitefishriver.ca](mailto:holidaygift@whitefishriver.ca)



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**PLEASE LIST ALL MINOR CHILDREN WHO ARE WRFN REGISTERED MEMBERS IN YOUR CUSTODY OR CARE THAT YOU ARE ALSO APPLYING FOR THE 2025 HOLIDAY GIFT.**

*\*ONLY one parent/guardian can apply for their child(ren) and proof of guardianship of minor child(ren) is required.*

First Name	Last Name	Date of Birth (mm/dd/yyyy)	Status Number