

**FORT ALBANY FIRST NATION
TEMPORARY TRAVEL CORRIDOR – FORM
WINTER ROAD**

MAIN LINE: (705) 278-3843

ALTERNATE LINE: (705) 278-1044

**LEVEL 2 - TEMPORARY TRAVEL CORRIDOR –
FORM**

Travel No. ECR WINTER ROAD				Name of Traveler:			
Address				Name of Other Traveler(s) under the age of 18:			
EMAIL OR Phone #:							
Purpose of Travel: (CIRCLE answer)				Duration: Number of Days			
Medical Leisure Other							
ESTIMATED DEPARTURE				ESTIMATED RETURN			
Date	Time	DESTINATION POINT	Mode: GROUND	Date	Time	DESTINATION	Emergency Contact #

TERMS AND CONDITIONS:

	DATE	DOCUMENTS	CHECK BOXES
1	Sept 10th, 2020	FAFN BCR # 354 Level 2 COVID-19 Easing Community Restrictions (ECR)	
2	Sept 9th, 2020	FAFN LEVEL 2 Decision Making Guideline & Document	
3		Maintain Physical Distancing, Wear Non-Medical Mask, Wash Hands, PPE and Self Monitor	
4		Be "Cautious and Vigilant" when travelling that pose a high risk of COVID-19.	
DISCLAIMER		<p>ICONFIRMTATHALLINFORMATIONPROVIDEDISACCURATEANDUSEDFORTRAVEL TRACKINGORIN THEEVENT OF EMERGENCY COVID-19 PANDEMIC.</p> <p>UPON RETURN, SELF MONITOR FOR SYMPTOMS.</p>	
INDEMNIFICATION AND RELEASE OF LIABILITY		<p>In return for allowing me to travel in the Temporary Travel Corridor and all related activities, I agree:</p> <ol style="list-style-type: none"> TO ASSUME AND ACCEPT ALL RISKS arising out of, associated with or related to my participation in the (Temporary Travel Corridor) and all related activities, even though such risks may be caused by the negligence of the Releasees; TO BE SOLELY RESPONSIBLE FOR ANY INJURY, LOSS OR DAMAGE which I might sustain while participating in (Temporary Travel Corridor) and all related activities, even though such injury, loss or damage may have been caused by the negligence of The Releasees; <p>TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my participation in the (Temporary Travel Corridor) and all related activities</p>	

TRAVELLER SIGNATURE

X				
SIGNATURE	DATE		Supporting Documentation	DATE

ECR TASK FORCE COMMITTEE:

APPROVED (✓) / OR DENIED (X): _____ DATE: _____ SIGNATURE: _____