



ACKNOWLEDGEMENT FORM
TRAVEL PASS THROUGH M'CHIGEENG

I, _____, acknowledge and will abide by the below protocol to have permission to travel through M'Chigeeng First Nation. I further understand, acknowledge and respect that M'Chigeeng First Nation is in a State of Emergency due to COVID19 and has put these protocols in place as a Health and Safety Protocol to protect their Citizens.

1. I will treat all checkpoint volunteers with respect while they are carrying out their responsibilities. I am responsible for my conduct and will not be disrespectful in any way.
2. I will not stop anywhere in M'Chigeeng First Nation as I travel through.
3. If I do stop in M'Chigeeng, it can only be at the following essential service locations:
 - a. BJ's and Addison's OK Tire; and
 - b. Manitoulin Physio.
4. I will abide by the COVID19 Safety Precautions as follows:
 - a. Abide by the rules established by the locations above;
 - b. Abide by the Physical Distancing Rules of 2 meters;
 - c. Wash my hands frequently;
 - d. Immediately contact the Manitoulin Health Centre and self isolate if I experience any of the following symptoms:
 - i. Fever, Cough, Shortness of Breath;
 - ii. Tiredness, aches and pains, nasal congestion, runny nose, sore throat, diarrhoea.
5. I understand and accept that my travel pass is non-transferrable to any other individual.
6. I understand and accept that my travel pass must be placed on the dash of my vehicle or rear-view mirror and that my Pass must match the license plate of my vehicle.
7. I understand and accept that my travel pass must be visible during my travel through M'Chigeeng First Nation.
8. I understand and accept that if I violate any of these protocols that my Travel Pass will immediately be revoked without notice.
9. I fully consent to the collection of my information which will be protected by the Chief and Deputy Chief of M'Chigeeng First Nation

Signed this ____ Day of _____, 2020

Name (Print)

Signature

Witness (Print)

Signature



TRAVEL PASS ENROLMENT FORM

Date			
ID Type – Proof required	Driver's License – Visual Confirmation if in person Driver's License – DL Number Blacked Out and DOB Blacked out if Electronically or by fax		
Name			
Address			
City/Town			
Postal Code			
Contact Number			
Email Address			
VEHICLE INFORMATION			
Make	Model	Colour	License Plate

I affirm that the above information is accurate and consent to the collection of my information to be protected by the Chief and Deputy Chief.

Name (Print)

Signature

For Office Use Only:

Date Received	
Date Processed	
Date Approved/Rejected Circle One	
Approved by:	
Travel Pass Number:	
Date Delivered:	
Delivered By:	