

# Fort McKay First Nation Member Acknowledgment and Representations

I, the undersigned member of Fort McKay First Nation (referred to as "Fort McKay") in the Province of Alberta represent and acknowledge that:

1. I am an adult Member of Fort McKay and I am entitled to receive the Business Profits Distribution Payment to members of Fort McKay.
2. I have provided proof to Fort McKay which verifies my age and my identity and I acknowledge receipt of a Business Profits Distribution Payment in the amount of Five Hundred Dollars and zero cents (\$500.00) Dollars.
3. I accept full responsibility for the consequences of accepting the Business Profits Distribution Payment including effects on income tax, benefits provided under any federal or provincial statute, or any other matter affecting my financial or other circumstances.
4. I acknowledge that Fort McKay may be required, by law, to pay all or part of the Business Profits Distribution Payment to third party creditors under maintenance enforcement attachment orders or other civil enforcement. I acknowledge that if I dispute my legal obligation to pay all or any part of the per capita distribution grant to a creditor then I have the sole responsibility to pursue any available legal options on my own behalf.
5. I acknowledge and accept full responsibility and liability for any assignment, payment to third parties, or other use I have directed respecting the Business Profits Distribution Payment.
6. I further undertake to fully indemnify Fort McKay and Fort McKay's Chief and Council, administration, employees, and agents, for all claims, costs, including legal costs on a solicitor and client basis, and damages of any kind whatsoever in relation to the payment of this Business Profits Distribution Payment to me.

DATED this \_\_\_\_ day of March, 2017.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Name of Witness (Please Print)

\_\_\_\_\_  
Name of Member (Please Print)