

International Traditional Games Society
Horse Culture Clinic
Browning, MT
June 15-17, 2011

REGISTRATION/RELEASE

Name: (Please print) _____

E-mail address: _____

Residence ADDRESS: _____

PHONE: (w) _____ (h) _____

(c) _____

Job or Organization/Company Represented: _____

If registration is paid by company, please put mailing address of company below:

Only one Level of certification can be taken during the 2 ½ days of the clinic

Level I registration Yes (circle if taking Level I)

Level I certification required to register for Level II Yes (circle if taking Level II)

Registration Fee: Adult \$275.00 _____ Child \$100 _____

Personal check or money order: _____ Purchase Order: _____

Tribal Affiliation: _____ or Non-Native _____

How will you be using the knowledge received in this certification? _____

RELEASE FORM follows . . .

RELEASE FORM

In consideration of being allowed to participate in any way in the International Traditional Games program, related events, and activities, the undersigned acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death: and, while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume all responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, hereby release and hold harmless the International Traditional Games, its officers, officials, agents and / or employees, and other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), with respect to any and all injury.
5. I give my permission for the free use of my name and/or pictures for use in broadcasts, telecasts, newspapers, etc., for the promotion and information purposes of the event organizers.

I have read this Release of Liability and Assumption of Risk Agreement, fully understand that I have given up substantial rights by signing it. I sign freely and voluntarily without any inducement.

Date: _____

Participant signature: _____