

INT. TRADITIONAL GAMES CERTIFICATION CLINIC

October 20-22, 2011 - LEVEL I & II & III

REGISTRATION/RELEASE FORM

Int. Traditional Games Society and Salish Kootenai College.

Phone: (406) 275-4761 and Fax: (406) 275-4808

Sponsored by Salish Kootenai College Education Department.

Registration fee is \$275.00 for participants not enrolled at SKC. Lunch provided on October 20&21.

Registration checks made to: Salish Kootenai College. Purchase orders and personal checks accepted.

NAME: (Please print) _____

E-mail address: _____

Residence ADDRESS: _____

PHONE: (w) _____ (h) _____

(c) _____ e-mail: _____

Job or Organization/Company Represented: _____

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

Also offered: 2 graduate credits from MSU-Northern (additional fee of \$150.00), Renewal Units from OPI free to certified teachers, or undergraduate credit from SKC if registered.

Register for only one Level:

Level I _____ All participants who have not taken a full clinic from ITGS.

Level II _____ Previous certification in Level I required.

Date of previous training: _____ Place of previous training: _____

Level III _____ Previous training at Level I and II required.

Dates of previous trainings: Level I _____ Level II _____

Places of previous trainings: Level I _____ Level II _____

Tribal Affiliation: _____ or Non-Native _____

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

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: _____

Any youth 6 to 17 years old invited to attend this clinic must be listed below with parent approval for media and medical release.

I hereby give parental approval to all above conditions on this release form for my son(s), daughter(s), or youth attending this training.

Name: _____ age: _____

Name: _____ age: _____

Print and mail form & fee to: Amy Burland, Ed. Dept. SKC, P.O. Box 70, Pablo, MT 59855

Information: 406-275-4761 e-mail: mailto:amy_burland@skc.edu