



**International Traditional Games
Society & Piikani Traditional
Knowledge services
Registration/Release Form**

Date/Location of Clinics: August 23, 24, 25, 2017 Piikani nation Alberta

Name _____

Email Address _____

Residence Address _____

Phone: (w) _____ (h) _____ (c) _____

Job Title _____

Organization/Company _____

Which level of training are you taking? Level I only is offered in this clinic

Registration Fee: \$350.00

How will you be using the knowledge you learn at this clinic? _____

****Registration must be accompanied by a signed release form (second page).**

Release Form

In consideration of being allowed to participate in any way in the International Traditional Games Society clinic, 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 Society, its officers, officials, agents and/or employees, and other participants, sponsoring agencies, sponsors, advertiser, and if applicable, owners and lessors of premises used to conduct the event ("Releases"), 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:

Name: _____ Age _____ Signature: _____
Or parent/guardian

Please mail to:

**Piikani Traditional Knowledge Services
Box 70 Brocket, Alberta T0K-0H0**