



# INTERNATIONAL TRADITIONAL GAMES SOCIETY



## Gathering of Families Registration Form Family Handgame Tournament August 27, 2021

Team Name: \_\_\_\_\_

Primary Contact/Coach: \_\_\_\_\_

Primary Contact phone number: \_\_\_\_\_

Email(s) for notifications: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Organization/Company Mailing Address (if they are paying registration fee):  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

|   | Player Name | DOB | Contact<br>Phone/Email | Tribal Affiliation |
|---|-------------|-----|------------------------|--------------------|
| 1 |             |     |                        |                    |
| 2 |             |     |                        |                    |
| 3 |             |     |                        |                    |
| 4 |             |     |                        |                    |
| 5 |             |     |                        |                    |
| 6 |             |     |                        |                    |

**\*All youth events require proof of DOB at time of registration.**

I would like transportation to Lewis & Clark Interpretive Center on Sat, Aug 28, 2021 for Native Youth Film presentations. *Circle one.* Yes No # of people riding with you \_\_\_\_\_

I would like transportation to First People's Buffalo Jump in Ulm on Sun, Aug 29, 2021 for Atlatl throwing competition. *Circle one.* Yes No # of people riding with you \_\_\_\_\_

### **Please make checks Payable To:**

International Traditional Games Society  
PO Box 535  
Great Falls, MT 59403

**\*\*Schools may submit a purchase order with this registration form.**

**\*\*To pay with a credit card,** contact Kati at [admin@traditionalnativegames.org](mailto:admin@traditionalnativegames.org)

**\*\*Registration must be accompanied by Release Form (see page 2)**

### Questions?

Call: 406-952-0150 or email: [games@traditionalnativegames.org](mailto:games@traditionalnativegames.org)

## 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 ("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 Name: \_\_\_\_\_ Age \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Relationship to participant (if minor) \_\_\_\_\_