



INTERNATIONAL TRADITIONAL GAMES SOCIETY  
Registration Form  
Gathering of Families Event  
May 20, 2022

Your Name: \_\_\_\_\_

Your Organization/School: \_\_\_\_\_

Your Title (if applicable): \_\_\_\_\_

Your email for notifications: \_\_\_\_\_

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

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

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

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

Select all that apply:

- Audit Fee for schools \$100/school
  - Number of students you will be bringing: \_\_\_\_\_
  - Ages/Grade of students you will be bringing: \_\_\_\_\_
  - Estimated time you will arrive: \_\_\_\_\_
  - Estimated time you will depart: \_\_\_\_\_
  
- A Release Form must be completed for each student attending this ITGS event. Please return completed forms to the address listed below or email them to [admin@traditionalnativegames.org](mailto:admin@traditionalnativegames.org).

**Please make checks Payable To:**

International Traditional Games Society

PO Box 535

Great Falls, MT 59403

**\*\*To pay with a credit card**, please email [admin@traditionalnativegames.org](mailto:admin@traditionalnativegames.org) to receive an invoice.  
Additional fees may be assessed to all card payments.

Questions?

Call: 406-360-1936 or email: [games@traditionalnativegames.org](mailto:games@traditionalnativegames.org)

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

## 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) \_\_\_\_\_