



INTERNATIONAL TRADITIONAL GAMES SOCIETY
Certification Clinic Registration Form
August 2-4, 2021



List only **1 person per form**. Please print legibly!

Your Name: _____

Your Organization: _____

Your Title: _____

Your email for notifications: _____

Your Mailing Address: _____

City: _____ State: _____ Zip Code: _____

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

City: _____ State: _____ Zip Code: _____

Select ONE (Progressive levels of training. Must be certified in Level 1 to take Level 2 training and so on.):

- Level 1 Certification: Aug 2-4, 2021. Great Falls, MT. \$350/person/level**
 - Know correct traditional ways of gathering, crafting, playing traditional American Indian games (youth to elders)
- Level 2 Certification: Aug 2-4, 2021. Great Falls, MT. \$350/person/level**
 - Acquire deeper cultural knowledge of the values and purposes of playing the games in all age groups (baby to elder games). Know correct educational concepts for teaching American Indian games.
- Level 3 Certification: Aug 2-4, 2021. Great Falls, MT. \$350/person/level**
 - Research and restoration of one tribal game, sanctioned by recognized elder(s) of one's tribe. Ability to train others in cultural and educational concepts of American Indian games, as well as, how to gather, craft, play, and teach the games.
- Level 4 Certification: Aug 2-4, 2021. Great Falls, MT. \$350/person/level**
 - Protocols for presentations; History of ITGS; Some tribal language—Introduction of self and greeting to audience; Preparation for clinics and teaching.

**ITGS Board of Certification has the right to refuse certification for any level of training for records of gross misdemeanor or felony convictions.

Please make checks Payable To:

International Traditional Games Society

PO Box 535

Great Falls, MT 59403

**To arrange payment with a credit card, email registration form to admin@traditionalnativegames.org.

**Purchase orders, accompanied by this registration form, may also be submitted to admin@traditionalnativegames.org.

** All registration fees must be paid-in-full prior to the training.

Questions?

Call: 406-952-0150 or email: games@traditionalnativegames.org

**Registration must be accompanied by Release Form (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: _____

Printed Participant Name: _____ Age _____

Participant Signature: _____

Printed Parent/Guardian Name (if minor): _____

Parent/Guardian Signature (if minor): _____

Relationship to participant (if minor): _____