



Chaperone Registration

Name: _____

Address: _____

Phone: _____ Shirt Size: _____ School: _____

Location: _____

Tribe & Group: _____

How many students will you be responsible for? _____

Emergency Contact:

Name: _____

Relationship: _____

Day Time Phone: _____

Evening Time Phone: _____

Registration Fee: \$50

Please Make Payment Payable to:

Squaxin Island Tribe
10 SE Squaxin Ln
Shelton, WA 98584

Pay by credit card contact: Mayling Anderson (360) 432-3948

Send Complete Registration Packet To: Laurel Wolff

lwolff@squaxin.us
Fax: 360-426-7897
10 SE Squaxin Ln
Shelton, WA 98584

[Type text]





Assumption of Risk, Waiver of Liability and Indemnification Agreement

This agreement must be completed in order to participate in the activities associated with NWIIYC 2018.

Participant's Name: _____ Group: _____

Terms and Conditions

I will participate, or authorize the student to participate, in the activities scheduled at the 2018 NWIIYC, hosted by the Squaxin Island Tribe. I understand that participation can include foreseeable and unforeseeable risk, and other hazardous activities inherent in the event, which may expose the participant to illness, injury, or death. I freely and voluntarily participate, or allow the student to participate, in the 2018 NWIIYC with the knowledge of the danger involved and agree to assume and accept any and all risk of injury, including death.

Waiver, Release and Indemnification

I understand and acknowledge that the Squaxin Island Tribe assumes no liability whatsoever for personal injuries or property damages to Participant. I agree to release, waive, and covenant not to sue, indemnify, and hold harmless the Squaxin Island Tribe, and all of their officers, employees, and agents from any and all liability, claims, demands, or injury, including death, that may be sustained by Participant in the above named event, and expecting only such loss, damage or injury as may be caused by the sole negligence of any Release.

I agree to the use of the 2018 NWIIYC related photos/videos of the above participant for educational and promotional purposes.

Participant's Signature: _____ Date: _____

[Type text]

