

## **Volunteer Registration and Waiver Form**

(PLEASE PRINT)			
Name (First/Last	· ————————————————————————————————————		
Address:	City:	State:	Zip:
Email:	Phone:		(optional for adults – minor required)
	ceive information about upcoming vo		
Are you affiliated	d with a group/company/school/Faith-	based organization, et	c?
Rancheria (BSR) are person or property ar all claims and/or liab public relations mate have carefully read th	LEASE OF LIABILITY for Accidents/Injury: I undertaken at my sole risk, and shall not be living out of or connected with my actions as a possibility for me or to me. I further understand that trials. I also agree that this waiver and release shis Waiver/Release, I understand its contents, and the contents of the conte	able for any claims for inju- volunteer. I agree to inder by signing this waiver I gi hall apply to my heir(s), e and I intend to be bound to	nries or damages whatsoever to my nnify and to hold BSR harmless for ve permission to use my image in xecutor(s), and administrator(s). I to its terms.
attending health care CONSIDERATION	licies: In the event of an accident or illness where provider to administer such medical care as most allowing a MINOR participant to observe, where the UNDERSIGNED, for himself/herself, has been accident or illness where the provider to account to the such as the provider to the provi	ay be necessary for my he work for or participate in a	alth and safety. IN ny way in the attached event and/or
damage transpor and dang risks and 2. The MIN Participa that may recogniz themselv 3. The PAI agreeme acknowl History & Emergence	or and parent or guardian hereby assume full r due to negligence or Releases (as identified be ting to and from or participating in the Event. I gers associated with participating in the Event d dangers associated with participating in the ENOR AND PARENT OR GUARDIAN hereby ants, associations, sanctioning organizations or occur due to any manner or degree while part the and agree that are executing this Waiver and we and on behalf of the MINOR.  RENT OR GUARDIAN has read and voluntaries and does so voluntarily and with the understedge that failure to witness or notarize this agrey Medical Release: Each volunteer is assumed g Sandy Rancheria if any special arrangements	low) or otherwise, while of The undersigned recognize that could cause bodily injuvent are assumed notwiths agrees to indemnify and sany affiliates thereof from icipating in the Event. The Release of Liability and I ally signs the waiver and retanding that substantial rigeement shall not affect its to be capable of caring fo are needed to accommodal.	bserving, working, traveling, and understand that there are risks uries, disability or death. All the standing. ave and hold harmless, the any loss, liability, damage or cost parent and/or guardian further indemnify Agreement on behalf of lease of liability and indemnify this are being given up I/We further validity.  This or her own personal needs. ate individual needs. Please include
	conditions, allergies, medications, or other res reby give permission to the attending health ca llth and safety.		
Please list an emerge	ency contact: (name)	(phone#	2)
publications, including will become the propublish or distribute the right to inspect of Additionally, I waive	by grant Big Sandy Rancheria (BSR) permission website entries, without payment or any oth perty of BSR and will not be returned. I hereby this photo for purposes of publicizing BSR's per approve the finished product, including writted any right to royalties or other compensation are above form.	er consideration. I underst Irrevocably authorize BSI rograms or for any other lear on or electronic copy, whe rising or related to the use	and and agree that these materials R to edit, alter, copy, exhibit, awful purpose. In addition, I waive rein in my likeness appears. of the photograph.
	e above form, you are stating that you have s of Big Sandy Rancheria and their partner		Date
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(If under 18 years of age this must be signed by a parent or Legal guardian.)