

**SOLO HAND DRUM REGISTRATION & PARTICIPANT WAIVER RELEASE FORM**

**PARTICIPANT TAG NUMBER/COLOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MEAL TICKET NUMBER(S):**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_ Gender (Circle): Male or Female**

**PARTICIPANT WAIVER AND RELEASE**

For good and valuable considerations, receipt of which is hereby acknowledged, and without any further consideration due from producer or any third party to me, authorize Chukchansi Gold Resort & Casino and their respective parents, employees, affiliates, subsidiaries, licenses, successors and assigns to make use of my appearance for the following:

Chukchansi Powwow, and that you shall be the exclusive owner of the result and proceeds of such photography and the rights to use, in any means and manner and all photo reproduction thereof in connection with the program or otherwise.

I hereby waive any rights of inspection or approval of my appearance or the uses to which such appearance may be put. I release and discharge Producer and all respective parents, employees, affiliates, subsidiaries, licensees, successors and assigns and any other participants from any and all claims, demands, or causes of action of any kind I may have against you or such other parties, whether for libel, violation of my right of privacy, or any other matter arising out of or in connection with this undertaking. I warrant I am at least 18 years of age and have the authority to enter into this agreement. I acknowledge that you will rely on this permission potentially, at substantial cost to you and hereby agree not to assert any claim of any nature whatsoever against anyone on relation to the exercise of permissions granted hereunder.

I Grant Permission (Provide White Tag) I Decline Permission (Provide Red Tag)

**BY SIGNING THIS DOCUMENT, YOU ARE WAIVING CERTAIN LEGAL RIGHTS, READ CAREFULLY BEFORE SIGNING.**

I am voluntarily participating in certain activities at the Chukchansi Gold Resort & Casino (the “Casino”), which is owned by the Picayune Rancheria of Chukchansi Indians (the “Tribe”), including but not limited to: a Powwow Event and other activities (the “Activities”) I understand that there are risks involved in participating in the Activities, including but not limited to the risks of serious injury, death or other damages. I am aware of those risks, and I am voluntarily participating in the Activities with knowledge of them.

I assume the risks, and agree to waive, release, indemnify, hold harmless and covenant not to sue the Tribe or the Casino or their officers, agents or employees, for claims or losses of any kind. In case of injury or illness, I give my consent to emergency transportation and the administration of first aid, medical and/or treatment. I accept responsibility for the payment of any emergency transportation, treatment expenses, and any related or subsequent medical bills. I agree to be responsible for any property damage or personal injuries that I may cause by intentional or negligent acts while participating in the Activities.

**I have read and executed this Waiver and Release understanding its legal significance.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Signature (if under 18 years): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chukchansi Gold Resort & Casino:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative’s Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_