

# Diabetes Walking Group Registration Packet

## Participant Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Tribal Affiliation:  Kalispel  Other: \_\_\_\_\_  None

T-Shirt Size:  Youth S  Youth M  Youth L  Adult S  Adult M  Adult L  Adult XL

Do you have any allergies, chronic illness, or other medical conditions? If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Parent/Guardian Information (if minor is participant listed above)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

## Medical Release and Authorization

I hereby give permission for \_\_\_\_\_ to receive medical attention as needed in the event of an emergency. This includes x-ray examination, anesthetic, medical, dental and surgical diagnosis as well as treatment recommended by a physician or surgeon.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Participation Authorization

I hereby give permission for \_\_\_\_\_ to participate in any and all activities during Diabetes Walking Group activities.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Diabetes Walking Group WAIVER OF LIABILITY

**Assumption of Risk.** I assume any and all risks and hazards associated with participation in the Diabetes Walking Group activities. I also assume any and all risks and hazards associated with participation in the physical activities associated with the walk. These risks rather caused by the Tribe or a third party, include, but are not limited to, the possibility of death or injuries such as bone fractures and muscle sprains and strains. Injuries may result from a variety of mechanisms including, but not limited to, running, slipping, falling, contact with the ground, permanent or temporary physical structures, or other people. These injuries may occur while stretching and preparing for the walk or while on the walk itself.

**Disclaimer of Liability.** The Kalispel Tribe of Indians, including all associated entities, and any of their officials, employees, or agents hereby disclaim any responsibility for loss, damage or injury to any participant, or observers during this event.

**Release of Liability.** The undersigned hereby releases the Kalispel Tribe of Indians, including all associated entities, and any of their officials, employees, or agents from responsibility or liability with regard to injuries or damages suffered by the undersigned person in connection with his/her participation. The undersigned further releases and discharges the Kalispel Tribe of Indians, including all associated entities, and any of their officials, employees, or agents, for any and all judgments and/or claims from any cause whatsoever that may be suffered to his/her person and/or property.

**Waiver of Suit.** I hereby, for myself, my heirs, legal representatives, or anyone else claiming on my behalf, release, discharge and covenant not to sue the Kalispel Tribe of Indians, all associated entities, its officers, directors, employees and agents forever from liability for any and all loss or damage, personal injury, property damage or wrongful death whether caused by any negligence, either active or passive of the Kalispel Tribe or otherwise.

**Sovereign Immunity.** Nothing in this document, nor any action taken by the Kalispel Tribe of Indians, or any of its officers, employees, and agents shall be deemed to be a waiver of the sovereign immunity of the Kalispel Tribe of Indians.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

### **FOR PARENTS/GUARDIANS OF PARTICIPANTS OF CHILDREN** **(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's participation in this event.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Diabetes Walking Group AUDIO/VIDEO/PHOTO RELEASE

I hereby authorize the Kalispel Tribe of Indians and all associated entities to take and use audio and video recordings, and any photographs, likeness, characterizations or other resemblance of the following child for any and all purposes, including but not limited to, informational, educational or promotional purposes in any publication, websites or brochures.

I hereby waive any right I may have to approve the final form and content of the use of any resemblance of the child.

I hereby waive any and all rights, claims, demands and actions, which I, or my child, my heirs, executors or assigns may have on account of the use of any of the above.

Nothing in this Release, nor any action taken by the Tribe or any of its officers, agents or employees in connection with this Release shall be deemed to be a waiver of the sovereign immunity of the Tribe.

FURTHER, I REPRESENT AND AFFIRM THAT I HAVE THE AUTHORITY TO ENTER INTO THIS RELEASE ON BEHALF OF THE BELOW-NAMED CHILD.

\_\_\_\_\_  
Print Child's Name

\_\_\_\_\_  
Date of Birth

I REPRESENT AND AFFIRM THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE FOREGOING AUTHORIZATION.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date