INTERNATIONAL TRADITIONAL GAMES SOCIETY
Clinic Registration Form
2020

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:
Level 1 Horse Clinic-- March 14-15, 2020, Malta, MT
☐ $75 (16-22 yrs of age)
☐ $300 (over 22 yrs of age)

Please make checks Payable To:
International Traditional Games Society
PO Box 535
Great Falls, MT 59403

**To pay with a credit card, register online at: www.traditionalnativegames.org

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

**Registration must be accompanied by Release Form (see page 2)
Equine Activity Release and Hold Harmless Agreement

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. I understand the potential dangers that I could incur in mounting, riding, walking, boarding, feeding said horse; including, but not limited to, any interactions with other horses. Understanding those risks I hereby release International Traditional Games Society (ITGS), its officers, directors, shareholders, employees and anyone else directly or indirectly connected with ITGS from any liability whatsoever in the event of injury or damage of any nature (or perhaps even death) to me or anyone else caused by or incidental to my electing to mount and ride a horse owned or operated by this equine activity facilitator(s).

2. I understand, recognize and warrant that this Release and Hold Harmless Agreement, is being voluntarily and intentionally signed and agreed to, and that in signing this Release and Hold Harmless Agreement I know and understand that this Release and Hold Harmless Agreement may further limit the liability of equine professionals to include any activity, whatsoever, involving an equine, including death, personal injury and/or damage to property.

3. I recognize and agree that I know which equine professional(s) I will be working with, and acknowledge that I agree said equine professional(s) has/have made reasonable and prudent efforts to determine my ability to engage in the equine activity, and has/have sufficient knowledge of my equine and horseback riding skills as to relieve, release and hold harmless said equine professional(s) from any continuing duty to monitor my equine activities.

4. I further voluntarily agree and warrant to Release and Hold Harmless this (these) equine professional(s) from any liability whatsoever, including, but not limited to, any incident caused by or related to said equine professional’s (s’) negligence, relating to injuries known, unknown, or otherwise not herein disclosed; including, but not limited to, injuries, death or property damage from: mounting; riding; dismounting; walking; grooming; feeding; use of horse barn, paddock, trails or horse ring, in any capacity; falling off horse whether horse is bucking, flipping, spooked; or my failure to understand any equine professional’s directions relating to my riding or otherwise use and control, or lack thereof, of my horse or the horse I have been assigned to.

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 Equine Activity Release and Hold Harmless Agreement and fully understand that I have given up substantial rights by signing it. I sign freely and voluntarily without any inducement.

Date: ______________________________
Participant Name: ____________________________________________ Age _______
Participant Signature: ____________________________________________
Parent/Guardian Name: ____________________________________________
Parent/Guardian Signature: ____________________________________________
Relationship to participant (if minor)________________________________________