



## REQUEST FOR POWWOW SPECIAL

Name (Please Print): \_\_\_\_\_ If Royalty, Title: \_\_\_\_\_

Parent/Guardian (Please Print Applicant is under 18): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Gender (Select): ☐ Male or ☐ Female

Reason for Special: \_\_\_\_\_

Name of Spokesperson for Special (Please Print): \_\_\_\_\_

Will items be given away? If so, please describe items and process: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 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:

Representative's Initials & Badge #: \_\_\_\_\_ Date: \_\_\_\_\_