



# REGISTRATION FORM

NAME: \_\_\_\_\_

\_\_\_\_ MALE CATEGORY      AGE \_\_\_\_\_      BIRTHDATE: \_\_\_\_\_  
\_\_\_\_ WOMENS CATEGORY

\_\_\_\_ MAILING ADDRESS      CITY      STATE      ZIP CODE

\_\_\_\_ PHONE NUMBER      EMERGENCY NUMBER

\_\_\_\_ EMAIL      SHIRT SIZE

## REGISTRATION FEE: \$25.00 (CHECKS OR MONEY ORDER PAYABLE TO CHOCTAW INDIAN FAIR)

All registration forms received before Friday, June 24, will guarantee an event t-shirt and one (1) FREE Re-try. Competitors may purchase a re-try for \$15.00 during the competition. Must be 18-years old or older to register. For more information, contact Sam Farve at 601-656-0620, or visit [www.choctawindianfair.com](http://www.choctawindianfair.com). Mail or deliver forms to Choctaw Fire Department, 13741 Hwy 16 West, Choctaw, MS 39350.

## IRON WARRIOR WAIVER & RELEASE OF CLAIMS; CERTIFICATION OF HEALTH; AND PUBLICITY RELEASE FOR THE CHOCTAW INDIAN FAIR

I understand my consent to the provisions is given in consideration for being permitted to participate in this Event. I further understand I may be removed from this competition if I do not follow all rules of this Event. I, for myself, my next of kin, my minor children who attend the event, my heirs, administrators and executors, hereby release and hold harmless and covenant not to file suit against the MISSISSIPPI BAND OF CHOCTAW INDIANS, its agents and employees, and all other persons or entities associated with this Event (collectively, "Releasees") for any injury or damages I might suffer in connection with my participation in this Event or while on the premises of this Event. This release applies to any and all loss, liability or claims I may have arising out of my participation in this Event, including but no limited to: personal injury or damaged suffered by me or others, whether such losses, liabilities or claims be caused by falls, contact with and/ or actions of other participants, contact with fixed or non-fixed objects, contact with animals, conditions of the premises of the event, negligence of the Releasees, risks not known to me or not reasonably foreseeable at this time or otherwise.

Certification of Health: By my signature below, I certify that I am healthy and physically able to participate in this athletic event, I am a voluntary participant, and I KNOW THIS EVENT IS A POTENTIALLY HAZARDOUS ACTIVITY AND I HEREBY VOLUNTARILY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR, AND THE RISK OF, ANY INJURY OR ACCIDENT THAT MAY OCCUR DURING MY PARTICIPATION IN THIS EVENT OR WHILE ON THE PREMISES OF THIS EVENT.

Publicity Release: I give my consent and permission to THE MISSISSIPPI BAND OF CHOCTAW INDIANS, its affiliates, sponsors, successors, licensees and assigns, the irrevocable right to use, for any purpose whatsoever and without compensation, photographs, videotapes, audio-tapes, or other recordings of me that are made during the course of this Event and the results of my participation in this Event (event time, name, participant number), if applicable to the type of Event where results are recorded.

I understand that I have given up substantial rights by signing this Release, and I have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.

\_\_\_\_\_  
SIGNATURE      DATE