



2010 ATHLETIC COMPETITION APPLICATION

NAME: _____ Tribal Affiliation _____

Degree of Blood: _____ AGE: _____ DOB: _____ MALE _____ FEMALE _____

ADDRESS: _____ PHONE: _____

CITY, STATE: _____ MESSAGE: _____

E-MAIL: _____ FAX: _____

REGISTRATION

Is this your first time at WEIO? YES NO If not, how many years have you participated in WEIO? _____
Place a mark beside the events you will participate in.

- | | | |
|---|--|---|
| <input type="checkbox"/> FISH CUTTING | <input type="checkbox"/> SEAL SKINNING | <input type="checkbox"/> RACE OF THE TORCH |
| <input type="checkbox"/> ESKIMO STICK PULL | <input type="checkbox"/> INDIAN STICK PULL | <input type="checkbox"/> 4 MAN CARRY (Men only) |
| <input type="checkbox"/> DROP THE BOMB (Men only) | <input type="checkbox"/> EAR PULL | <input type="checkbox"/> EAR WEIGHT (Men only) |
| <input type="checkbox"/> TOE KICK | <input type="checkbox"/> KNEEL JUMP | <input type="checkbox"/> 1 FOOT HIGH KICK |
| <input type="checkbox"/> 2 FOOT HIGH KICK | <input type="checkbox"/> 1 HAND REACH | <input type="checkbox"/> SCISSOR BROAD JUMP |
| <input type="checkbox"/> ALASKA HIGH KICK | <input type="checkbox"/> GREASED POLE WALK | <input type="checkbox"/> BLANKET TOSS |
| <input type="checkbox"/> KNUCKLE HOP | <input type="checkbox"/> ARM PULL | <input type="checkbox"/> MUKTUK EATING |

Blanket toss preliminaries will be limited to ten contestants for men and ten contestants for women with top five from each competing in finals. Top three from last year's blanket toss finals will have priority if competing.

WAIVER OF RESPONSIBILITY

By my signature below, I agree to the following: In consideration of my application to register in the events marked above, I, on behalf of any heir, executor, or administrator I may have after the execution of my signature, hereby waive and release any and all claims for damages I may have against World Eskimo-Indian Olympics, Inc. (hereinafter referred to as "WEIO"), and any other sponsoring/organizing organization of clinics, qualifying preliminary, regional or final competition, their agents or representatives, for any and all injuries sustained by me in the WEIO or in any activity, including transportation to and from such aforementioned competition, related directly or indirectly to my participation. *I hereby grant permission, without compensation to and from WEIO or its appointees to use my name and image taken during the WEIO in any promotional material or advertising.* I understand that knowledge of the rules and regulations of WEIO are my responsibility.

PLEASE NOTE: Minimum age for participation in any event is 12 years old. Both the registrant and parent/guardian, if the registrant is under the age of eighteen (18), must sign this form signifying their understanding of these waiver clauses. Failure to do so may lead to nonparticipation.

Registrant's Signature

Date

Signature of Parent/Legal Guardian

Date

REGISTRATION FEES

The Registration fee for athletic events is \$25.00.

STAFF INFORMATION: Date application received: _____ Payment received: _____ Cash, Check or Money Order (# _____)