



**2011 “Journey to Wellness
Igu.aayax̄ x`wan” (Be Strong) Event**

INJURY WAIVER RELEASE FORM
TFYS-Elders Caregivers Services Program

I, _____ as a participant in the 2011 “Journey to Wellness “Igu.aayax̄ x`wan” (Be Strong) event sponsored by T&H TFYS-Elders Caregivers Services Program starting May 19 through July 28, 2011, hereby acknowledge that participation in the event may possibly expose me to risk of personal injury.

There by, I release CCTHITA and Tribal Family & Youth Services program and staff, from any and all liabilities.

I have read and fully understand this injury waiver.

Furthermore, **I fully understand the safety and event guidelines contained in materials received.**

Signed,

Dated:

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