



**DCTribal & Suhaila Salimpour  
Workshop Participant Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

In Case of an Emergency, please notify:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**Liability Waiver and Release:**

I, \_\_\_\_\_ release DCTribal and Suhaila Salimpour, their officers, committee members, or other members of their organizations from any and all liabilities, claims, losses, expenses, injuries, or damages to persons or property which may arise out of, or be connected in any way with, any scheduled or unscheduled trip or activity they may offer.

In exchange for being permitted to participate in any activity, I will not institute any action at law or in equity in consideration of any injury or other loss or damage sustained, or that may be sustained, by me as a consequence of my participation in an activity sponsored in full or in part by DCTribal or Suhaila Salimpour. My participation in any activity offered by DCTribal or Suhaila Salimpour is strictly voluntary.

I understand that DCTribal, Suhaila Salimpour and no other member of the organizations shall in any way be responsible for the safety of any member, or be responsible for the services of accommodations being offered by other enterprises or persons on all trips and/or activities, scheduled or unscheduled by their organizations.

I will abide by safe practices and conduct my behavior in a responsible manner. This Waiver and Release form will be binding on me and on behalf of my heirs, agents, assigns and legal representatives. I further state that I have carefully read the foregoing Waiver and Release in its entirety. I sign this Waiver and Release knowingly and voluntarily with a full understanding of its content.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/LegalGuardian: \_\_\_\_\_ Date: \_\_\_\_\_