



World Eskimo-Indian Olympics

P.O. Box 72433, Fairbanks, AK 99707 Office: 907.452.6646 Fax: 907.456.2422

2017 ATHLETIC APPLICATION

NAME: _____ CORPORATION: _____

AGE: _____ DOB: _____ MALE ___ FEMALE ___ VILLAGE CORP: _____

ADDRESS: _____ CONTACT #: _____

CITY, ST, ZIP CODE: _____ E-MAIL: _____

EVENT REGISTRATION

Is this your first time at WEIO? YES NO If not, a number of years you have participated in at WEIO? _____

Please clearly mark, circle or highlight each event you want to participate in.

- | | | |
|---|--|--|
| <input type="checkbox"/> ALASKA HIGH KICK | <input type="checkbox"/> ESKIMO STICK PULL | <input type="checkbox"/> MUKTUK EATING |
| <input type="checkbox"/> ARM PULL | <input type="checkbox"/> FISH CUTTING | <input type="checkbox"/> ONE FOOT HIGH KICK-CA STYLE |
| <input type="checkbox"/> BENCH REACH | <input type="checkbox"/> FOUR MAN CARRY | <input type="checkbox"/> ONE HAND REACH |
| <input type="checkbox"/> BLANKET TOSS** | <input type="checkbox"/> GREASED POLE WALK | <input type="checkbox"/> RACE OF THE TORCH |
| <input type="checkbox"/> DROP THE BOMB | <input type="checkbox"/> INDIAN STICK PULL | <input type="checkbox"/> SEAL SKINNING* |
| <input type="checkbox"/> EAR PULL | <input type="checkbox"/> KNEEL JUMP | <input type="checkbox"/> TOE KICK |
| <input type="checkbox"/> EAR WEIGHT | <input type="checkbox"/> KNUCKLE HOP | <input type="checkbox"/> TWO FOOT HIGH KICK |

* If competing in this year's seal skinning contest, the top three (3) winners from the previous year's seal skinning contest will have priority.

**Blanket toss preliminaries are limited to ten (10) contestants EACH for men & women. Finals consist of the top five from each division. If competing this year, each of the top three winners from the previous year's blanket toss finals will have priority.

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 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, qualifier, preliminary, or final competition, their agents or representatives, for any and all injuries sustained by me in 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 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 or disqualification. This is for the safety of the athlete.

Registrant's Signature

Date

Signature of Parent/Legal Guardian

Date

WEIO OFFICE USE ONLY – PLEASE DO NOT WRITE IN THIS AREA

Date app received: _____ in store at Carlson Center at a booth _____ waived by _____

Payment type: Cash Check/ Money Order (# _____) Credit Card Amount paid: _____ Rep Initials: _____