



2017 Application: NATIVE BABY REGALIA COMPETITION

Eskimo Parka – Choose category

Cloth

Fur

Indian Dress – Choose category

Cloth

Hide

Babies Name: _____

Native Name: _____

Applicant Name: _____

E-mail: _____

Address: _____

Baby's Date of Birth: _____

Baby's Gender: Male Female Tribal Affiliation: _____

Entrants will be judged on authenticity, materials used, where made, quality, and overall appearance. There will be three awards (1st, 2nd, and 3rd) in each category. Baby's from 6 – 35 months of age. Ages three (3) years and older for Native Regalia Competition.

Check-in at Registration Desk: by 10AM Thursday July 20, 2017.

There is a \$25.00 participation fee required by check-in time.

WAIVER OF RESPONSIBILITY

By my signature below, I agree to the following: In consideration of my application to register in the event 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, 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.

Entrant's Signature

Date

Model's Signature

Date

DESCRIPTION OF ITEM(S) WORN

If description exceeds 2 min. time limit WEIO exercises the right of discretion in reading description. If needed, use the back side of page

ITEM	MAKER	MATERIAL DESCRIPTION	TRADITIONAL/SIGNIFICANT MEANING

More space is on 2nd page of this application

Office Use only-Do Not Write in this Area

STAFF INFO: Date rcv'd: _____ In Person Mail E-Mail Fax Paid: No Yes
 Payment type: Cash Check/ Money Order(# _____) Credit Card _____ (confirmation code)

