



Event Participant Release Form

Participant Name:	Date of Birth:
Phone Number:	Address (include City/State/Zip):
(if Participant is a Minor) Parent Name:	(if Participant is a Minor) Parent Phone Number:
Emergency Contact and Relationship to Participant:	Emergency Contact Phone Number:
Name of Event:	Name of Participant's Team or Organization
Spotlight 29 K#:	

By signing the following, I hereby agree to and acknowledge the following terms:

In consideration of participating in the above Event, I will abide by the laws of the Twenty-Nine Palms Band of Mission Indians ("Tribe") and the directives of the Tribal Public Safety Officers. I further agree to waive, release, and discharge any and all claims for damage for personal injury, death or property damage which I may have, or which may later arise, as a result of my participation in the above described Event. This release is intended to discharge and hold harmless the Tribe, Twenty-Nine Palms Enterprises Corporation, doing business as Spotlight 29 Casino and Tortoise Rock Casino, and their employees, agents, officers, contractors, and volunteers from all claims, demands, rights, liabilities, losses, expenses and causes of action arising out of or connected in any way to my participation in this Event.

Consent of Parent/Guardian (if Participant is a minor): I am the parent or legal guardian of the Participant listed above. I hereby consent that the Participant may participate in the Event and I hereby execute this Release on his/her behalf.

Signature: _____

Date: _____

Name: _____