



SAN XAVIER ALLOTTEES ASSOCIATION, INC.
325 East Vamori Street, Tucson, Arizona 85756
Office 520.807.2121 Fax 520.807.2626 Website www.sanxavierallottees.org

Taller Ambulante Film Workshop

June 16 - 27, 2025

Last Name: _____ First Name: _____ MI _____

Address _____ City _____ State _____ ZIP _____

Gender: Male _____ Female _____ Age: 10-12 _____ 13-15 _____ 16-18 _____ 19-20 _____ 21+ _____

Tribal Affiliation: Tohono O'odham _____ Other: _____

District: _____ Other: _____

What Community do you live in? _____

Release and Waiver Liability Agreement

I hereby waive and release the San Xavier Allottees Association, Inc. (SXAA) and all sponsoring organizations from all liability or claims for any injuries sustained by me, including anything relating to my participation in this event.

I hereby grant the SXAA to video/audiotape and photograph me for in program presentations and promotional materials. I understand that this will benefit the program and that SXAA will use these materials at its discretion to promote the SXAA.

If the participant is under the age of 18: The parent/guardian signature certifies that the minor has my permission to participate in this event. The signature further certifies that the minor is in good health and can safely participate in this event. I hereby authorize medical treatment for the minor and grant access to the

Information contained within this form is the property of SXAA, and I give my permission to use the information gathered on this form for data and/or grant purposes. The signer has read and fully understands this RELEASE AND WAIVER LIABILITY AGREEMENT, its content, meaning, and impact. By signing below, intentionally and voluntarily agrees to these terms and conditions.

Print Name _____ Signature _____

Signature of Parent/Guardian (If under 18) _____ Date _____

***Please be sure to send a signed waiver with your child or email it to us at: jgarcia@sanxavierallottee.org no later than Friday, June 13, 2025**