

Warrior Challenge Registration

Name:		Phone:	
Email: Entry Fee:			Shirt Size: Adult
	\$15.00 (includes ``NHIFF'd It Good" T-shirt)		M L XL 1XL 2XL

Are you a Naturopathic Warrior? Are you ready to prove your abilities by competing challenges that test your balance, sense of smell, taste, strength and determination? Can you demand respect with your warrior yell? Do you have the moves to heal?

If so, this is the competition for you!

The Naturopathic Warrior challenge will test your skills in eleven areas of excellence. Each challenge is scored individually. You may opt out of any challenges you are not comfortable participating. Total overall score will determine who will receive the title of **Naturopathic Warrior 2021**.

Participants take full responsibility for their own health and wellness, and should not compete in any of the challenges that are outside of their comfort level. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity. In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my child/my own/the minor child for whom I am a legal guardian death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: The Symbiosis Ranch, the Naturopathic Institute of Therapies and Education, the Naturopathic Community Center, and Herbs etc and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise, sustained by my child/myself/the minor child for whom I am a legal guardian, while that person is participating in activities connected with the event, including performances, games, challenges or other activities.

(Must be 14 years or older to participate) - **Deadline for registration is June 30, 2021.**

Signature: _____

Date: _____

Return registration and payment to:

Naturopathic Community Center 503 E. Broadway St. • Mt. Pleasant, MI 48858 Phone: 989-317-4787 • Fax: 989-775-7319 contact@naturopathiccommunitycenter.org