



Brad KillsCrow
Chief

DELAWARE TRIBE OF INDIANS

5100 Tuxedo Blvd.

Bartlesville, OK 74006

www.delawaretribe.org

918-337-6590



Tonya Anna
Assistant Chief

POND WAIVER

This is a waiver of liability for use of the pond and immediate area surrounding pond located on the Delaware Tribal Campus at 5100 Tuxedo Blvd in Bartlesville, Oklahoma.

I hereby release and discharge the Delaware Tribe of Indians from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of my participation in fishing and other activities surrounding the pond, even if caused by negligence or other fault of the Delaware Tribe of Indians.

I further agree that I WILL NOT SUE OR MAKE CLAIM against the Delaware Tribe of Indians for damages or other losses sustained as a result of my participation in fishing and other activities surrounding the pond.

I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the Delaware Tribe of Indians from all claims, judgments and costs, including but not limited to attorneys' fees, and to reimburse them for any expenses whatsoever incurred in connection with an action brought as a result of my participation in fishing and other activities surrounding the pond.

It is my express intent that this Waiver and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAVIER, DISCHARGE, AND COVENANT NOT TO SUE the Delaware Tribe of Indians.

IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.

Printed Full Name:				Tribal ID#:	
Address:				Phone #:	
City:		State:		Zip:	
Emergency Contact Name:				Emergency Contact #:	

Signature of Tribal Member (Parent/Guardian of Minor)

Date