



STRONGLIFE REGISTRATION SHEET



Name		SRPMIC Enrolled Yes No		SRPMIC ID (last 4 digits)	
If not enrolled, provide name & relation to community member					
Birth Date	Sex M F	Preferred method of contact		Email	Text Phone
Phone Number					
Email Address					
Address					
City, State, Zip					
If you have multiple children under age 18, please list names below, if more list on back, if you don't know id# that's okay					
Child's Name		Date of Birth		Sex	
				SRPMIC Member?	
				Last 4 digits Tribal ID	
				Male Female	
				Yes No	
				Male Female	
				Yes No	
				Male Female	
				Yes No	
				Male Female	
				Yes No	

PHOTOGRAPHIC RELEASE

I hereby consent to the recording and reproduction of my voice and likeness, whether in still, motion pictures or videotape.

My features, image and voice may be used solely in conjunction with any project for the Salt River Pima-Maricopa Indian Community. My features, image and voice shall not be used with or without my name for any other editorial, promotional, trade, broadcast, business or any other purpose whatsoever without my express written consent.

I acknowledge that the Salt River Pima-Maricopa Indian Community is the exclusive owner of all rights and copyrights in and to the recording thereof. All videotape, negatives and positives, together with the prints and copies shall constitute the property of the owner, the Salt River Pima-Maricopa Indian Community, solely and completely. I intend for the owner, the Salt River Pima-Maricopa Indian Community, to rely on this release and understand that it is irrevocable.

Salt River Pima-Maricopa Indian Community shall have the right to retain and maintain the property (as identified herein) of the Salt River Pima-Maricopa Indian Community, subject to the direction of the Community or an authorized representative thereof, in order to protect or safeguard such property on behalf of the Salt River Pima-Maricopa Indian Community, who is the sole and complete owner of the property identified herein.

I understand that I shall receive no compensation for my appearance and participation. I represent that I am:

_____ 18 years of age, or older, and have the right to enter into this agreement. _____ No, I do not give my permission

_____ Less than 18 years of age and my parent or guardian has consented to my execution of this release by signing below.

SIGNATURE	PRINT NAME	DATE

*Honor Pledge **Important***

"I commit to pursue healthy living and striving for a holistic self. I pledge to make an honest reporting of credits for incentives for the StrongLife Wellness Program. I promise to do my best by challenging myself to work hard towards my wellness goals and to live a StrongLife"

Community Member/Immediate Family Member

Date