

Release and Indemnification

I HEREBY:

1. certify that I am a registered member of the Siksika Nation and my Siksika Membership No., along with all other information described above is true and correct;
2. request payment of my per capita distribution in the amount of \$ _____ (the “**Distribution Payment**”);
3. request payment by direct deposit (please specify yes or no) _____, if yes:
 - a. as the recipient entitled to receive the Distribution Payment, authorize the Siksika Nation Membership Department to deposit the Distribution Payment electronically into the bank account specified above;
 - b. acknowledge that the banking information provided above will be entered in the Siksika Nation financial system;
4. in consideration of the Distribution Payment, release, waive and forever discharge the Siksika Nation and the Siksika Nation Chief and Council and its respective corporations or entities, employees, officers, directors, shareholders, members, limited partners, agents and representatives (the “**Releasees**”) from any and all actions, manner of actions, causes of action, proceedings, suits, losses, liabilities, rights, debts, dues, duties, sums of money, accounts, obligations, costs, expenses, complaints, damages, judgements, claims, and demands, of every nature and kind whatsoever or howsoever arising, whether now known or unknown, foreseen or unforeseen, suspected or unsuspected, in law or in equity, in contract or in tort (“**Claims**”), which I now have, or hereafter can, shall, or may have against the Releasees arising out of or relating to or in connection with the Distribution Payment;
5. agree to save harmless and indemnify the Releasees from and against all Claims in relation to the Distribution Payment; and

6. acknowledge that I have made and executed this release and indemnification of my own free will and that I bear sole responsibility for determining the legal, financial and economic impact, if any, associated with having received the Distribution Payment.

DATED THIS _____ **DAY OF** _____, **20** _____

AT _____

SIGNATURE OF SIKSIKA MEMBER

SIGNATURE OF WITNESS

(Please Print Full Name and Address)