REGION 1 ENTRY FORM

EVENT DATE: / /

EVENT LAKE:

#1 CURRENT MEMBER ☐ YES ☐ NO
(Membership $45 or $75 Family)

NAME

ADDRESS

CITY STATE ZIP

HOME PHONE #

CELL PHONE #

SSN #

E-MAIL

#2 CURRENT MEMBER ☐ YES ☐ NO
(Membership $45 or $75 Family)

NAME

ADDRESS

CITY STATE ZIP

HOME PHONE #

CELL PHONE #

SSN #

E-MAIL

FEES

ENTRY FEE $175	
PERMIT / INSURANCE / LICENSE FEE (Mandatory) $10	
LATE FEE $10	
MEMBERSHIP $45/person	
MEMBERSHIP $75/family	
OPTION _____	
OPTION _____	
OPTION _____	
OPTION _____	
TOTAL PAID	

1. I am a boater with a minimum of $100,000.00 liability insurance. I hereby waive and release the tournament organization, officials and all sponsors from liability due to injury or damage that may occur while these events are taking place. I will abide by all the rules set forth by the tournament organization. I also understand that I may be subject to a polygraph examination before any monies are paid.

2. I hereby release, discharge, and agree to hold harmless and indemnify U.S. Angler's Choice, Inc, it's shareholders, officers, directors, agents and employees, the host, sponsors and tournament officials, and it's partners, agents, or employees, and all other persons or entities associated with the tournament for any and all injury, and other damage or loss to property suffered by myself or others. In signing this document I acknowledge and agree that if anyone is hurt or property damaged while I am engaged in this event, I will have no right to make a claim or file a lawsuit against any of the above listed parties associated with this tournament.

#1 SIGNATURE **DATE**

#2 SIGNATURE **DATE**

GUARDIAN OR PARENT IF UNDER AGE 18 **DATE**

Make checks payable to your trail's tournament director (Name)