

FISHING FOR A CURE

Fishing Tournament

Registration/Waiver Release Form

WAIVER, RELEASE OF LIABILITY, AND COVENANT NOT TO SUE

1. I do hereby release, waive, discharge and COVENANT NOT TO SUE Walleye Trax's Guide Service, Shipyard Bar & Grill, Tiki Beach, DuBay Marina, or WDEZ 101.9 FM, it's directors, agents, employees, sponsors or any other individual in any way associated with or Walleye Trax's Guide Service, Shipyard Bar & Grill, Tiki Beach, DuBay Marina, or WDEZ 101.9 FM or St. Jude's, all of which are hereinafter referred to as 'releasees' from any and all liability to me, my heirs and next of kin for any and all claims, demands, loses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence or any other actions of the Releasees or otherwise.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation.
3. I hereby grant full permission to Walleye Trax's Guide Service, Shipyard Bar & Grill, Tiki Beach, DuBay Marina, or WDEZ 101.9 FM and any of the sponsors of this event or their representatives to use any photographs, video, or any other records of this event for any purpose whatsoever.
4. All prizes may be subject to federal and/or state taxes. Walleye Trax's Guide Service, Shipyard Bar & Grill, Tiki Beach, DuBay Marina, or WDEZ 101.9 FM and all known associates assume no responsibility for failure to report awarded prizes.
5. I HAVE READ THE ABOVE TERMS, WAIVER, RELEASE OF LIABILITY, AND COVENANT NOT TO SUE, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT.

"I" AGREE TO HAVE READ THIS RELEASE AND AGREE TO ALL CONDITIONS

ENTRY FEE: ONE ticket is given (for prizes) on tournament day for each paid entry fee.

***Adults: \$25.00 per adult**

***Children: \$10.00 per child**

50% of entry fee proceeds go to St. Jude's; remaining 50% proceeds goes to cash fish prizes

Name: _____ Age: _____

Address: _____

City, State, Zip Code: _____

Name: _____ Age: _____

Address: _____

City, State, Zip Code: _____

Number of Adults: _____ Number of Children: _____

Signature: _____ Date: _____

For Staff Use Only:

Amount Paid: \$ _____

Registration Number
(Shipyard): _____ D

