

KY SAF Team Trail

2024 Season Liability Release Waiver

Print Full Name: Mem 1 _____ Mem 2 _____

School/Club Name _____ Date: _____ Boater: Co-Angler

Print Full Name Boat Captain: _____

In consideration for permission to voluntarily participate in ANY event(s), an\or related activities conducted by any Federation Angler affiliated groups including but not limited to; The Bass Federation,(TBF), and all other affiliated events jointly or separately, I acknowledge, appreciate, and agree that: The risk of injury, disability, death, loss or damage to my person or property from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; AND, I have been advised by the event organizers and have had the opportunity to seek legal counsel with respect to the legal effect of this document; AND, I KNOWINGLY AND FREELY ASSUME ALL RISKS REFERRED TO ABOVE, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE ORGANIZERS and\or, their officers, officials, directors, shareholders, agents, and/or employees, other participants, and sponsoring agencies, sponsors, advertisers, their parent and affiliate companies and, if applicable, owners and lessors of premises and property used to conduct the event OR any others connected to the event (collectively "RELEASEES"), AND HEREBY ASSUME FULL RESPONSIBILITY FOR RISKS ARISING FROM MY PARTICIPATION; AND, I willingly agree to comply with the terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the immediate attention of the nearest official; AND I, FOR MYSELF AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS "RELEASEES", WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHICH I SUFFER OR WHICH I AM FOUND TO HAVE CAUSED IN WHOLE OR IN PART BY MY NEGLIGENCE OR INTENTIONAL MISCONDUCT, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES, OR OTHERWISE, TO THE FULLEST EXTENT OF THE LAW. I AGREE to submit, by signature on this document, to a polygraph or voice stress analysis examination. Hereinafter known as a truth verification test and abide by its conclusion. Truth verification test(s) will be used at the organizer's sole discretion and administered by its agents. I understand that failure to pass the examination as determined by the event organizers will result in disqualification. I certify that the number shown on these forms is my correct taxpayer identification number. Having fully acquainted myself with the tournament rules, I have completed this application and submit it for my entry. In signing this application, and by my presence at the event, I hereby agree to be bound by and comply with all tournament rules, participant release of liability and safety regulations. I expressly assume all risks associated with the tournament. If I am using a boat during the official practice or the event, I certify that I now have, or will obtain prior to the event, property damage\ watercraft liability insurance having a reasonable limit. Said insurance must cover injury and/or damage incurred in connection with the event. Upon request, I will provide satisfactory evidence of said insurance. I hereby wave my rights of privacy or publicity with regard to the unconditional right to use my name, voice, photographic likeness, video and biographical information and fishing tips and instructions in connection with any reproduction of same, video\audio productions and\or articles and press releases by the event organizers, their parent or affiliate companies, and those acting under their permission, anywhere at any time, through any medium or media. I shall not be entitled to receive any royalties or other compensation in connection with such use. I further understand and agree that the tournament officials reserve the right to reject my application for any reason whatsoever. I am currently a member in good standing of my home state federation, an affiliated member club, TBF and FLW. I agree if I qualify for The Federation National Championship or any other event representing TBF to use any and all "Official" products and equipment so specified and provided, and be bound by the terms and conditions of a STATE, if applicable. The Participant(s) signifies by their signature below that they have read and understands the foregoing provisions.

Signature: Mem 1 _X_ _____ Mem 2 _X_ _____

Boat Captain Signature: X _____ Cell Phone # _____

Parents/Guardians of minority age participants (under 18) This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities, incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE of the Releasees, to the fullest extent permitted by law. **if under the age of 18 Print Name below, then Sign**

Parent/Guardians Mem 1 NAME: _____ Signed _____

Parent/Guardians Mem 2 NAME: _____ Signed _____

EMERG. PH # (s): Mem 1 _____ Date _____ Mem 2 _____ Date _____