→ 2nd Annual Mid Atlantic Kayak Open Participant Waiver and Release of Liability June 6–8, 2025

Event Start: Friday, June 6, 2025 – 6:00 PM **Event End:** Sunday, June 8, 2025 – 2:00 PM

Hosted by: Tupperware Navy & Great Bay Outfitters

WAIVER AND RELEASE OF LIABILITY

In consideration of being permitted to participate in the 2nd Annual Mid Atlantic Kayak Open ("the Tournament"), I, the undersigned, agree to the following:

1. Assumption of Risk:

I understand that kayak fishing involves inherent risks including but not limited to drowning, capsizing, exposure, collision, and encounters with wildlife. I knowingly and voluntarily accept full responsibility for all risks associated with my participation.

2. Release of Liability:

I hereby release, waive, and discharge **Tupperware Navy**, **Great Bay Outfitters**, their owners, officers, directors, employees, agents, sponsors, volunteers, and affiliates ("the Released Parties") from any and all liability, claims, or demands related to any injury, death, or loss that may result from my participation in this Tournament, regardless of cause.

3. Indemnification:

I agree to indemnify and hold harmless the Released Parties against any claims, including attorney's fees, brought as a result of my actions during this event.

4. Health & Safety:

I certify that I am physically fit and capable of participating. I will wear a properly fitted U.S. Coast Guard-approved personal flotation device (PFD) at all times while on the water and follow all safety rules and Tournament regulations.

5. Emergency Care:

In the event of injury or illness, I authorize the Tournament staff to seek emergency medical treatment on my behalf. I accept full responsibility for any associated costs.

6. Media Release:

I authorize the use of my name, image, and likeness captured during the Tournament in any promotional or commercial materials without compensation.

certain legal rights, including the right to sue the Released Parties.	
PARTICIPANT INFORMATION (Please Print Clearly)	
Name:	
Phone Number: Email Address:	
Emergency Contact Name: Emergency Contact Phone:	
SIGNATURE	
Participant Signature: Date:	
☐ Check if under 18 – If under 18, a parent or legal guardian must complete the section be	ow
PARENT/GUARDIAN CONSENT (If participant is under 18)	
I certify that I am the parent or legal guardian of the above-named participant. I have read thi release, understand it, and agree to its terms on behalf of myself and the participant.	3
Parent/Guardian Name:	

I have read, understand, and voluntarily sign this release. I understand that I am waiving

The Hartford Insurance Company PO Box 660916
Dallas, TX 75266-0916.

Date: _____

Signature:

7. Acknowledgment: