

NLF PRO KAYAK FISHING LEAGUE

By Chris Castro

LIABILITY RELEASE, WAIVER OF CLAIMS & ASSUMPTION OF RISK

Participant Name: _____

Date of Birth: _____

Address: _____

City / State / Zip: _____

Phone Number: _____

Email Address: _____

ASSUMPTION OF RISK

I understand that participation in the **NLF Pro Kayak Fishing League by Chris Castro**, including but not limited to offshore kayak fishing, tournament competition, travel, launch and landing operations, weather exposure, vessel traffic, wildlife interaction, and physical exertion, involves **inherent risks** that may result in serious injury, illness, permanent disability, property damage, or death.

These risks include, but are not limited to:

- Capsizing, collision, or separation from kayak or equipment
- Drowning or near drowning
- Severe weather, wind, currents, waves, and tides
- Marine life encounters (fish, sharks, jellyfish, etc.)
- Equipment failure or malfunction
- Heat exhaustion, dehydration, hypothermia
- Cuts, hooks, lines, and fishing-related injuries
- Delayed or unavailable emergency medical assistance

I knowingly, freely, and voluntarily **assume all risks**, both known and unknown, associated with participation.

RELEASE AND WAIVER OF LIABILITY

In consideration of being allowed to participate, I hereby **release, waive, discharge, and hold harmless** the **NLF Pro Kayak Fishing League by Chris Castro**, its directors, officers, staff, volunteers, sponsors, affiliates, partners, and representatives (collectively referred to as “NLF”) from **any and all claims**, demands, damages, losses, or causes of action arising out of or related to my participation.

This release includes, but is not limited to, claims based on:

- Negligence
- Premises liability
- Equipment use or failure
- Emergency response or lack thereof

I agree that this waiver applies to **any injury, loss, or damage**, whether caused in whole or in part by NLF or otherwise, to the fullest extent permitted by law.

MEDICAL RESPONSIBILITY

I certify that I am physically and medically capable of participating in offshore kayak fishing competition. I assume full responsibility for my health, fitness, and medical care.

I authorize NLF to obtain emergency medical treatment on my behalf if deemed necessary and agree to be financially responsible for any medical costs incurred.

EQUIPMENT & SAFETY COMPLIANCE

I agree to comply with all NLF rules, safety requirements, local, state, and federal regulations, including possession of required licenses and safety equipment. I understand that failure to comply may result in disqualification without refund.

BINDING AGREEMENT

I understand that this agreement is **binding**, and that by signing it, I am giving up substantial legal rights, including the right to sue. This release shall be governed by the laws of the **State of Texas**.

If any portion of this agreement is found unenforceable, the remaining portions shall remain in full force and effect.

ACKNOWLEDGMENT & SIGNATURE

I have read this Liability Release in its entirety, fully understand its terms, and sign it freely and voluntarily.

Participant Signature: _____

Printed Name: _____

Date: _____