

COLLEGIATE BASS TRAIL OF TEXAS

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| Membership # <i>OFFICE USE ONLY</i> |
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STUDENT RELEASE OF LIABILITY - READ BEFORE SIGNING

**EACH MEMBER & PARENT/LEGAL GUARDIAN MUST SIGN THIS RELEASE OF LIABILITY
AND IT MUST BE MAILED IN WITH YOUR TEAM'S MEMBERSHIP ROSTER**

In consideration for permission to voluntarily participate in tournaments, events, programs and related activities conducted by Collegiate Bass Trail of Texas (CBTT), I acknowledge, appreciate and agree that:

1. 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,
2. I have been advised by CBTT, and have had the opportunity to seek legal counsel with respect to the legal effect of this document; and,
3. I KNOWINGLY AND FREELY ASSUME ALL RISKS REFERRED TO ABOVE, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF CBTT, THEIR OFFICERS, OFFICIALS, DIRECTORS, SHAREHOLDERS, AGENTS, AND/OR EMPLOYEES, OTHER PARTICIPANTS, AND SPONSORING AGENCIES, SPONSORS, ADVERTISERS, AND, IF APPLICABLE, OWNERS AND LESSORS OF PREMISES AND PROPERTY USED TO CONDUCT THE EVENT ("RELEASEES") OR OTHERS, AND ASSUME FULL RESPONSIBILITY FOR RISKS ARISING FROM MY PARTICIPATION; AND,
4. 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,
5. 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 PERMITTED BY LAW.
6. I agree to submit to a truth verification test administered by a designee of the CBTT and understand that failure to pass the examination as determined by CBTT will result in disqualification.

PUBLICITY: In consideration for permission to voluntarily participate in the tournaments, events, programs, and related activities conducted by CBTT, I ("Participant") hereby grant to CBTT, their assignees and/or licensees (collectively "Sponsors") including television production companies contracted by CBTT, the unconditional right to use my name, voice, photographic likeness, biographical information, fishing tips and/or instructions in any medium whatsoever, including but not limited to video/audio productions, merchandising, promotions, articles, and/or press releases, in connection with CBTT tournaments, events, programs and related activities conducted by CBTT without restriction as to changes or alterations from time to time. I understand that I will not be entitled to receive any royalties or other compensation in connection with such use. If Participant wins any event, the Participant's name, likeness and biographical information may be used in connection with advertising and promotion. The Participant specifically consents and agrees to such use without restriction as to changes or alterations from time to time, and further understands and agrees that any use will be without payment of any royalties or any additional compensation to Participant

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND THE ATTACHED RULES. I FULLY UNDERSTAND THE TERMS AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS RELEASE, AND SIGN IT FREELY AND VOLUNTARILY.

I FULLY UNDERSTAND THAT ONE RELEASE FORM IS ALL THAT WILL BE REQUIRED AND NECESSARY FOR THE ENTIRE 2021-2022 SCHOOL YEAR. ONCE A RELEASE IS ON FILE, THE STUDENT ANGLER MAY FISH ANY OR ALL EVENTS HELD BY THE CBTT.

| STUDENT INFORMATION | |
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| NAME: | |
| DATE OF BIRTH: | |
| BASS CLUB ENROLLED AT: | |
| GRADE LEVEL: | |
| EMAIL ADDRESS: | |
| HOME ADDRESS: | |
| CITY, STATE, ZIP: | |
| EMERGENCY CONTACT NAME: | PAID \$50 MEMBERSHIP |
| EMERGENCY CONTACT #: | CASH / CHECK # |
| | |
| STUDENT ANGLER - SIGNATURE | DATE |