

IMPORTANT INFORMATION

1. MANDATORY RULES MEETING AT SPEEDWAY EVENT CENTER IN MILBANK ON JUNE 14TH AT 7PM. SOCIAL HOUR AND MEAL FROM 6PM TO 7PM. AT LEAST ONE MEMBER OF THE TEAM MUST BE PRESENT OR THE TEAM IS DISQUALIFIED.
2. IT IS EASIER FOR THE COMMITTEE IF YOU SIGN UP NOW THEN WAITING TO THE DAY BEFORE. THERE IS PREPARATION IN GETTING THINGS IN ORDER FOR THE NUMBER OF TEAMS THAT WILL BE PRESENT. YOU HAVE UNTIL 48 HOURS TO CANCEL WITH REFUND IF THIS DOESN'T WORK FOR YOU.
3. REMEMBER PRIZES ARE SUBJECT TO CHANGE DEPENDING ON THE AMOUNT OF TEAMS SO IF THERE IS LESS THAN 99 TEAMS, THEN PRIZE MONEY WILL CHANGE.
4. WE WILL NOT BE SELLING T-SHIRTS THIS YEAR. WE WILL HAVE SOME TO GIVE AWAY AT THE RULES MEETING BUT SELLING ANY SEPERATELY THIS YEAR.
5. IF YOU WOULD LIKE TO DONATE OR SPONSOR A PRIZE OR HAVE ANY IDEAS FOR DIFFERENT PRIZES OR PRIZE MONEY, PLEASE CONTACT NICOLLE AT **605-467-0420**.
6. TEAM NAMES AND SPOTS WILL BE POSTED AS SOON AS WE CAN GET THEM IN BUT IF YOU HAVE ANY QUESTIONS, AGAIN PLEASE CONTACT NICOLLE AT THE NUMBER LISTED ABOVE.
7. AS ALWAYS, THANK YOU FOR ALL YOUR SUPPORT!!!!!!

**43rd ANNUAL BIG STONE WALLEYE CLASSIC TOURNAMENT REGISTRATION FORM
AND LIABILITY WAIVER**

PLEASE MAIL APPLICATIONS BACK INTO PO BOX 348, MILBANK, SD 57252
FOR TOURNAMENT SATURDAY, JUNE 15, 2024 FROM 7AM-3:15PM
(MAKE CHECKS PAYABLE TO BSWC)

ANGLER #1

NAME: _____ PHONE # _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

EMAIL: _____

ANGLER #2

NAME: _____ PHONE # _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

EMAIL: _____

Waiver of Liability

In addition to tournament rules and regulations, we agree to abide by the following:

By my signature below, on behalf of myself, my heirs, next of kin, successors in interest, assigns, personal representatives and agents, I hereby:

1. Waive any claim or cause of action against and release from liability the State of South Dakota, its officers, employees and agents for any liability for injuries to my person or property results from my participation in the activity listed above;
2. Agree to indemnify and hold harmless the State of South Dakota, its officers, employees and agents for any claims, causes of action or liability to any other person arising from my participation in the activity listed above; and
3. Consent to receive any medical treatment deemed advisable during my participation in the activity listed above.

I have read this release and waiver of liability, assumption of the risk and indemnity agreement and consent to medical treatment, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me and intend my signature to be complete and unconditional release of all liability to the greatest extent allowed by law.

Angler #1 Signature _____

Date Signed _____ Age _____ DOB _____

Parent/Guardian Signature _____
(if under 18 years of Age)

Angler #2 Signature _____

Date Signed _____ Age _____ DOB _____

Parent/Guardian Signature _____
(if under 18 years of Age)

-----**Tournament Official Use Only**-----

Date Registered by Mail _____ Check # _____ Team # _____