



## **BIG SIP Crappie Guide Service LLC – Waiver & Release of Liability**

***PLEASE READ CAREFULLY BEFORE BOOKING YOUR TRIP***

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### **WAIVER AND RELEASE OF LIABILITY:**

I, the undersigned participant, on behalf of myself and any minor in my care, hereby release BIG SIP Crappie Guide Service LLC, its owners, agents, contractors, and affiliates from any liability for injury, illness, death, or property damage arising from participation in any guided fishing trip, except in cases of gross negligence or intentional misconduct.

### **ACKNOWLEDGEMENT OF RISKS:**

I acknowledge that the activities involved—including boating, casting, handling fish, or navigating natural terrain—pose risks such as falling, drowning, equipment injuries, wildlife encounters, and sudden weather changes. I accept full responsibility for all such risks.

### **ASSUMPTION OF RISK:**

I understand that I am voluntarily participating in this activity and accept all risks, known or unknown, that may arise during the course of the trip. This includes, but is not limited to, weather-related incidents, equipment malfunction, and physical exertion.

### **PHYSICAL HEALTH & INSURANCE:**

I affirm that I am in good physical health and able to participate safely. I understand it is my responsibility to maintain appropriate health, liability, or travel insurance. If I do not carry insurance, I understand I am financially responsible for any injury or damage sustained.

**PFD (LIFE JACKET) POLICY:**

BIG SIP provides Coast Guard-approved personal flotation devices (PFDs). Clients may be required to wear a life jacket whenever the boat is in motion, at the discretion of the guide. Failure to do so when instructed is at the client's own risk.

**EMERGENCY RESPONSE:**

In the event of an emergency, I authorize BIG SIP to seek medical care on my behalf. I will not hold the guide liable for the adequacy or outcomes of such care.

**FINAL ACKNOWLEDGEMENT:**

I acknowledge that I have read, understand, and voluntarily agree to the terms outlined in this waiver. I understand that this document affects my legal rights, and I sign it of my own free will.

Client Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Parent/Guardian Signature (if applicable): \_\_\_\_\_

**OPT-OUT OF PHOTOS/MEDIA:**

Client Name Printed: \_\_\_\_\_