

2019 Saltwater Bass Series Waiver and Release

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I (print name) _____

acknowledge that I have voluntarily applied to participate in the Saltwater Bass Series events.

I AM AWARE THAT THESE ACTIVITIES CAN BE HAZARDOUS AND THAT I COULD BE SERIOUSLY INJURED OR EVEN KILLED. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE POSSIBLE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

I verify this statement by placing my initials here _____

Parent or Guardian's initials (if under 18): _____

I forever release the Saltwater Bass Series and their respective directors and volunteers from any and all actions, claims, or demands that I, my assignees and spouse now have, or may have in the future, for injury, death or property damage, related to my participation in these activities, the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I will not make a claim against or sue any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE SALTWATER BASS SERIES AND SIGN IT OF MY OWN FREE WILL.

I verify this statement by placing my initials here _____

Parent or Guardian's initials (if under 18): _____

If Signed by Parent or Guardian: I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them.

IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED.

Signature _____ Date _____
Participant

Signature _____ Date _____
Guardian

Address _____

SSN # _ _ _ - _ _ - _ _ _ _ _

PLEASE WRITE LEGIBLY!

