



Epping Rural Fire Protection District

Epping Rural Fire Department
PO. BOX 81, Epping, ND 58843
Email: icefish@eppingrfd.org

REGISTRATION, WAIVER, RELEASE AND INDEMNIFICATION FORM

Read this form carefully and be aware that you will be waiving and releasing all claims for injuries you may sustain through participation in the Epping Rural Fire Ice Fishing Tournament 2025.

I am fully aware of and understand the dangers inherent in participating in the Epping Rural Fire Ice Fishing Tournament 2025 may cause serious physical injury or death to myself or others.

On behalf of myself and my insurers, executors, administrators, heirs, next of kin, successors, and assigns I hereby:

1. agree to assume the full risk of any injuries, death, damages or other loss regardless of severity which I may sustain as a result of my participation this Ice Fishing Tournament;
2. waive, release and discharge Epping Rural Fire, its' agencies, officers, employees and volunteers from any and all liability for my death, disability, personal injury, dismemberment or damage to property, actions of any kind which may hereafter accrue to me and my estate, as a result of my participation in this Ice Fishing Tournament;
3. indemnify, save, and hold harmless Epping Rural Fire, its agencies, officers, employees and volunteers from any and all claims of any nature, including costs, expenses, and attorney's fees which may in any manner result from or arise out of my actions during participation in this Ice Fishing Tournament and;
4. consent to receive medical treatment which may be deemed advisable in the event of injury or illness during this Ice Fishing Tournament

This waiver and release shall be construed broadly to provide a waiver, release, and indemnity to the maximum extent permissible under applicable law.

Any modification of this waiver must have written approval by Epping Rural Fire prior to the event or activity.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE AGREEMENT SPECIFYING MY ASSUMPTION OF RISK, WAIVERS RELEASE, AND INDEMNIFICATION OF ALL CLAIMS.

REGISTRATION INFORMATION:

Name: (Please Print) _____

Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Date of Birth: ____/____/____ Age: _____ Male Female