



Team Member #1/Team Captain

Please fill in ALL blanks REQUIRED

State Club Name/#	State Club Name/#		
School Name/Mascot	School Name/Mascot		
TBF/SAF #MLF#	TBF/SAF #MLF#		
Full Name	Full Name		
Sex: MF BirthdateAge	Sex: MF BirthdateAge		
Mailing Address	Mailing Address		
CityStateZip	CityStateZip		
Email Address	Email Address		
Home Phone	Home Phone		
Cell Phone	Cell Phone		
Parent's Phone	Parent's Phone		
Last Grade Completed Grade in NOW	Last Grade Completed Grade in NOW		
Do you have any physical impairments? YesNo	Do you have any physical impairments? YesNo		
If yes, please explain	If yes, please explain		
Student Signature	Student Signature		
Guardian Signature(if student is under 18, 19 in Alabama and Nebraska)	Guardian Signature(if student is under 18, 19 in Alabama and Nebraska)		
Coach/Boat Captain - Please fill in all blanks REQUIRED			
Full Name Sex: M	F Birthdate Age		
Mailing AddressCity_	StateZip		
Email Home Phone_	Cell Phone		
TBF # (if member)Competed in TBF Tournament? Yes	No Have Boating Liability Insurance? YesNo		
Boating Accident in last 5 years? YesNo If yes, please ex	plain		
Do you have any physical impairments? YesNo If yes, p	olease explain		
Boat Information: Boat Make/Model HP Rating	Motor Make/Model		
Motor HPTrolling Motor Make/Model			
Boater Signature			

SAF High School Event

Official Entry Form

Team Member #2

Please fill in ALL blanks REQUIRED

Team #



PARTICIPANT RELEASE OF LIABILITY READ BEFORE SIGNING

List Everyone In The Boat By Name

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in consideration for permission to voluntarily participate in ANY event(s), an\or related activities conducted by any Federation Angler affiliated groups including but not limited to; The Bass Federation, (TBF), Student Anglers Federation, (SAF), MLF or an affiliated State Federation and all other affiliated events either jointly or separately, I acknowledge, appreciate, and agree that: 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, I have been advised by the event organizers and have had the opportunity to seek legal counsel with respect to the legal effect of this document; AND, I KNOWINGLY AND FREELY ASSUME ALL RISKS REFERRED TO ABOVE, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE ORGANIZERS and/or, their officers, officials, directors, shareholders, agents, and/or employees, other participants, and sponsoring agencies, sponsors, advertisers, their parent and affiliate companies and, if applicable, owners and lessors of premises and property used to conduct the event OR any others connected to the event (collectively "RELEASEES"), AND HEREBY ASSUME FULL RESPONSIBILITY FOR RISKS ARISING FROM MY PARTICIPATION; AND, 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 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 OF THE LAW. I agree to submit, by signature on this document, to a truth verification test, and abide by its conclusion. Truth verification test(s) will be used at the organizer's sole discretion, and administered by its agents. I understand that failure to pass the exam as determined by the event organizers will result in disqualification. I certify that the number shown on these forms is my correct taxpayer identification number. Having fully acquainted myself with the tournament rules, I have completed this application and submit it for my entry. In signing this application, and by my presence at the event, I hereby agree to be bound by and comply with all tournament rules, participant release of liability and safety regulations. If I am an equipment operator or a boat operator, I understand as the captain/operator of a vessel or any piece of equipment that I am solely responsible for the safe operation of it and for the safety of any and all occupants in it at all times. I expressly assume all risks associated with the event. If I am using a boat during the official practice or the event, I certify that I now have, or will obtain prior to the event, property damage, excess medical, watercraft liability and/or contractors' insurance having a reasonable limit. Said insurance must cover any and all injury and/or damage incurred in connection with the event. Upon request, I will provide satisfactory evidence of said insurance. I certify that training compliant with the Youth Safe Sports Act of 2017 has been made available to me this year if I am participating in a youth event. I hereby wave my rights of privacy or publicity with regard to the unconditional right to use my name, voice, photographic likeness, video and biographical information and fishing tips and instructions in connection with any reproduction of same, video\audio productions and\or articles and press releases by the event organizers, their parent or affiliate companies, and those acting under their permission, anywhere at any time, through any medium or media. I shall not be entitled to receive any royalties or other compensation in connection with such use. I further understand and agree that the tournament officials reserve the right to reject my application for any reason whatsoever.

The Participant(s) signifies by their signature below that they have read and understands the foregoing provisions.

Angler A-	Dated	Age	Signed						
_			-						
Angler B -	Dated	_Age	Signed						
Boat Captain	(if applicable) - Da	ted	Age	Signed					
PARENTS/GU	ARDIANS OF MIN	ORITY AGE I	PARTICIPANTS	- As parent/guardian for	this participant with legal				
responsibility, I do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities, incidents to minor child's participation, EVEN IF ARISING FROM THE NEGLIGENCE of the Releasees.									
Χ			<u></u>						
A - PARENT/G	GUARDIAN'S SIGNA	ATURE EME	ERG. PH # (s) :_		Date				
X			<u> </u>						
B - PARENT/G	BUARDIAN'S SIGNA	ATURE EME	ERG. PH # (s) :_		Date				