21-22 Indiana Bass Federation High School **South** Trail Registration Form

(PLEASE PRINT)

High school teams are required to have their own boat and adult captain.
There must be at least 3 people in the boat during the tournament, no exceptions

Angler #1 Name: (Team Captain)		
Club Name:		TBF/SAF #
Address:		City/State/Zip:
Angler #1 email:		Phone:
Age:	Date of Birth:	Grade in now:
Parent/Guardian Name:		
Parent email: *[Primary email – All communication about tournament dates and times will be sent here]*		Phone: *[Primary phone contact]*

Angler #2 Name:		
Club Name:		TBF/SAF #
Address:		City/State/Zip:
Angler #2 email:		Phone:
Age:	Date of Birth:	Grade in now:
Parent/Guardian Name:		
Parent email: *[Primary email – All communication about tournament dates and times will be sent here]*		Phone: *[Primary phone contact]*

Send registration form, release of liability form, & $125 per angler
($25 to cover IBF dues; $20 to cover ea. tourn.entry fee)
If you have an active SAF # only send $20 for each tournament fee per angler.

Mail to: Bryan McCutcheon
IBF Youth Director
6389 W. Kansas Church Rd.
Fredericksburg, IN 47120

All checks made payable to:
IBF Youth South

QUESTIONS:
IBFyouthhighsouth@outlook.com

Find us on Facebook at "Indiana Bass Federation Youth/High School South"

Check the Tournament(s) that apply:

_____July 10th on Rocky Point
_____Aug 7-8 on West Boggs
_____Oct 2-3 on West Boggs
_____Sept 11th on Lake Monroe

Final trail points event TBD!
Will be held in conjunction with SAF state tournament.

Coach/Boat Captain Information:

Full Name:		Email:
Address:	City/State/Zip:	Phone:

Boat Information:

Make of boat:	Model/Year:	Make of outboard / HP:
Boat Registration Number:		
Liability Insurance Company:	Policy Number:	

Angler #1 Signature:	Parent Signature:	Date:
Angler #2 Signature:	Parent Signature:	Date:
Coach/Boat Captain Signature:		Date:

Team #

High School Fishing PARTICIPANT RELEASE OF LIABILITY – READ BEFORE SIGNING

In consideration for permission to voluntarily participate in tournaments, events, programs, and related activities conducted by The Bass Federation, (doing business as TBF) and\or FLW, LLC, (doing business as FLW), 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 TBF and\or FLW, 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 BASS FEDERATION, INC. and\or FLW, LLC, THEIR OFFICERS, OFFICIALS, DIRECTORS, SHAREHOLDERS, AGENTS, AND/OR EMPLOYEES, OTHER PARTICIPANTS, AND SPONSORING AGENCIES, SPONSORS, ADVERTISERS, THEIR PARENT AND AFFILAITE COMPANIES AND, IF APPLICABLE, OWNERS AND LESSORS OF PREMISES AND PROPERTY USED TO CONDUCT THE EVENT ("RELEASEES") OR OTHERS, AND 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 polygraph or voice stress analysis examination. Hereinafter known as a truth verification test, and abide by its conclusion. Truth verification test(s) will be used at TBF's sole discretion, and administered by TBF or its agents. I understand that failure to pass the examination as determined by TBF 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. I expressly assume all risks associated with the tournament. 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\ watercraft liability insurance having a reasonable limit. Said insurance must cover injury and/or damage incurred in connection with the event. Upon request, I will provide satisfactory evidence of said insurance. 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 TBF, FLW, 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 - Dated_____ Age_____ Signed_____

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, 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 incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X_____

A - PARENT/GUARDIAN'S SIGNATURE EMERG. PHONE # (s) :_____ Date Signed_____

X_____

B - PARENT/GUARDIAN'S SIGNATURE EMERG. PHONE # (s) :_____ Date Signed_____