

TRADER BILL'S TEAM TOURNAMENT

Membership

FIRST NAME: _____ MIDDLE: _____ LAST NAME: _____
PHYSICAL ADDRESS: _____ MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____ DOB: _____
HOME PHONE: _____ ALTERATIVE PHONE: _____
SSN# _____ EMAIL: _____

PARTICIPANT AGREEMENT. RELEASE. AND ACKNOWLEDGMENT OF RISK. IN CONSIDERATION OF T.B. INC. ALLOWING PARTICIPATING IN THIS TOURNAMENT, I ACKNOWLEDGE AND AGREE AS FOLLOWS:

1. I HAVE READ AND UNDERSTAND THE DESCRIPTION OF THE TOURNAMENT AND THE OFFICIAL RULES OF THIS TOURNAMENT. I WILL OBEY ALL RULES AND UNDERSTAND THAT ANY VIOLATION MAY RESULT IN IMMEDIATE DISQUALIFICATION WITHOUT REFUND OF ENTRY FEE. I ALSO UNDERSTAND THAT TOURNAMENT OFFICIALS MAY REJECT MY APPLICATION FOR ANY REASON AND IN THAT EVENT WILL REFUND MY ENTRY FEE.
2. I UNDERSTAND AND ACKNOWLEDGE THAT COMPETITIVE FISHING IS A DANGEROUS SPORT, THE RISKS OF WHICH INCLUDE THOUGH NOT EXCLUSIVELY, DROWNING, COLLISIONS IN THE WATER, AND INJURIES FROM HOOKS AND OTHER FISHING PARAPHERNALIA. I VOLUNTARILY ASSUME RESPONSIBILITY FOR THESE RISKS. IDENTIFIED OR NOT IDENTIFIED, AND ALL RISKS OF INJURY OR DEATH OR DAMAGE TO MY PROPERTY OR MYSELF OR TO OTHERS, INCLUDING SPECTATORS AND THEIR PROPERTY, ARISING FROM MY PARTICIPATION IN THIS TOURNAMENT.
3. I HERBY RELEASE, DISCHARGE, AND AGREE TO HOLD HARMLESS AND INDEMNIFY TB INC. ITS SHAREHOLDERS, ALL OTHER PERSONS OR ENTITIES ASSOCIATED WITH THE TOURNAMENT OFFICERS, DIRECTORS, AGENTS, AND EMPLOYEES, THE HOST, SPONSORS AND TOURNAMENT OFFICIALS, AND ITS PARTNERS, AGENTS OR EMPLOYEES AND FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS OR RIGHTS OF ACTIONS WHICH ARE RELATED TO, ARISE OUT OF, OR IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THIS TOURNAMENT, INCLUDING SPECIFICALLY BUT NOT LIMITED TO THE NEGLIGENT ACTS OR OMISSIONS OF TB INC. ITS SHAREHOLDERS, ALL OTHER PERSONS OR ENTITIES ASSOCIATED WITH THE TOURNAMENT OFFICERS, DIRECTORS, AGENTS, AND EMPLOYEES, THE HOST, SPONSORS AND TOURNAMENT OFFICIALS, AND ITS PARTNERS, AGENTS OR EMPLOYEES, THE HOST SPONSORS AND TOURNAMENT OFFICIALS, AND ITS PARTNERS, AGENTS OR EMPLOYEES FOR ANY AND ALL INJURY, DEATH, ILLNESS OR DISEASE, AND OTHER DAMAGE OR LOSS OF PROPERTY SUFFERED BY MYSELF OR OTHERS. IN SIGNING THIS DOCUMENT I ACKNOWLEDGE AND AGREE THAT IF ANYONE IS HURT OR PROPERTY IS DAMAGED WHILE I AM ENGAGED IN THIS EVENT. I WILL HAVE NO RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST ITS SHAREHOLDERS, ALL OTHER PERSONS OR ENTITIES ASSOCIATED WITH THE TOURNAMENT OFFICERS, DIRECTORS, AGENTS, AND EMPLOYEES, THE HOST, SPONSORS AND TOURNAMENT OFFICIALS, AND ITS PARTNERS, AGENTS OR EMPLOYEES, THE HOST SPONSORS AND TOURNAMENT OFFICIALS, EVEN IF THEY OR ANY OF THEM NEGLIGENTLY CAUSED THE BODILY INJURY OR PROPERTY DAMAGE.
4. ANY SUIT BROUGHT BY ME AGAINST TB INC. AS RESULT OF MY PARTICIPATION IN THIS TOURNAMENT WILL BE BOUGHT IN STATE OR COUNTY COURT IN HOT SPRINGS, AR WHERE THE PRINCIPAL OFFICE OF TB INC. OR SOMEONE ON ITS BEHALF TO INCUR ATTORNEYS FEES THEREBY EXPENDED OR FOR WHICH LIABILITY IN INCURRED.
5. I HAVE HEALTH, ACCIDENT AND LIABILITY INSURANCE TO COVER ANY BODILY INJURY OR PROPERTY DAMAGE INCURRED BY MYSELF OR OTHERS AS A RESULT OF MY PARTICIPATION IN THIS EVENT. IF I HAVE NO SUCH INSURANCE, I REPRESENT THAT I AM CAPABLE OF PAYING FOR ANY AND ALL SUCH EXPENSES OR LIABILITY.
6. I HAVE NO PAST OR PRESENT MEDICAL OR PSYCHOLOGICAL CONDITION THAT MIGHT AFFECT MY PARTICIPATION IN THE TOURNAMENT IN SUCH A WAY AS TO CAUSE HARM TO OTHERS OR MYSELF.
7. I GIVE TB INC. PERMISSION TO USE MY NAME AND PHOTOGRAPH FOR PROMOTIONAL PURPOSES I AGREE TO SUBMIT TO AND ACCEPT THE RESULTS OF POLYGRAPH TEST GIVEN AT THIS EVENT. TB INC. RESERVES THE RIGHT NOT ACCEPT ANY MEMBERSHIP OR ENTRY FOR ANY REASON.

MY SIGNATURE BELOW REFLECTS THAT I HAVE READ THIS ENTIRE DOCUMENT, UNDERSTAND IT COMPLETELY, UNDERSTAND THAT IT AFFECTS MY LEGAL RIGHTS AND AGREE TO BE BOUND BY ITS TERMS. REFERENCES HEREIN TO "I" "MYSELF" AND OTHER FIRST PERSON REFERENCES SHALL INCLUDE ANY CHILD OR WARD FOR WHICH I SIGN.

IT IS THE ANGLER'S RESPONSIBILITY TO INFORM US OF ANY CHANGES IN THE INFORMATION ABOVE AS SOON AS THEY OCCUR.

SIGNATURE X: _____ date: _____

PARENT, IF MINOR: _____

PARTNER NAME: _____

Mail \$100.00 check and form to : Trader Bill's Outdoor Sports Tournament
1530 Albert Pike
Hot Springs, Ar. 71913