MISSOURI

B.A.S.S. NATION

STATE CHAMPIONSHIP TEAM ENTRY FORM

Team Name: _____

	Boater	Non Boater
1		
2		
3		
4		
5		
6		
7		
8		

Alternates are not required.

Team Captain: _____

Team Lodging: _____

By signing this application, I hereby state that all boats brought by the team shall be operated in a safe manner. All kill switches and U.S. Coast Guard required safety equipment has been checked and in working order and no boat shall exceed the horsepower limit on the B.I.A. Rating plate. All team members have read and understand rules set forth in the Missouri B.A.S.S. Nation State Championship Rules.

_____

Team Captain Signature **Date**

Team Entry Fees ($55 team fee)
Boater: $150.00
Non-Boater: $100

Mail to: Kathy Blankenbeker
MOBASS State Secretary
PO Box 3115
Camdenton, MO 65020
Questions Call: 573.480.1132 or email secretary@mobass.com

Striving to preserve the future of fishing through conservation, youth and public awareness

MISSOURI

B.A.S.S. FEDERATION NATION

STATE CHAMPIONSHIP **TOURNAMENT ENTRY FORM**

Club Name: _____ **Club Number:** _____

Contestant				
Name:				
(Last)		(First)		
Address:				
Street		City	State	Zip
Cell Phone: ( )	**DOB:**	**Age:**	**Male:** ☐ **Female:** ☐	
B.A.S.S. #	**Expiration:**	**Boater:** ☐ **Non Boater** ☐		
Boat (Complete only if bringing boat, including if to pre fish only)				
Make:	**Model:**	**Year**:	**Length:**	
HP Rating:	**Registration # (Boat Identifier):**			
Motor (Complete only if bringing boat, including if to pre fish only)				
Make:	**Year:**	**HP:**		
Insurance Company:	**Expiration Date:**			

Copy of Current Boat Insurance Policy Enclosed: Yes ☐ No ☐

Team Captain: _____

Contestant Lodging: _____

By signing this application, I hereby waive and release the Missouri B.A.S.S. Federation Nation, and other participants and tournament officials from all claims for injury and/or damages incurred in connection with this tournament.

_____

Signature of Contestant **Date**

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Camdenton, MO 65020
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RELEASE OF LIABILITY -- READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the _____program, its related events and activities, I, _____ , the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary 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 attention of the Company immediately; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE B.A.S.S. Nation and Its Member Clubs; B.A.S.S., LLC and B.A.S.S. Events, LLC, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

x_____ Age:_____ Date Signed:_____
PARTICIPANT'S SIGNATURE

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 child and our 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_____ _____ Date Signed:_____
PARENT/GUARDIAN'S SIGNATURE (print name)

NOTE: This is a SAMPLE WAIVER/RELEASE FORM only. Final wording should be as directed by the insured's counsel, but observe the principles represented within the above. 2/97