

Illinois Bass Federation Lake Kinkaid, 4/20/2024 Junior Tournament Official Entry Form 8th Graders and younger. Entry Fee \$40 per team. Yearly \$30 IBF/TBF membership per person required. Send to IBF, Po Box 438, Pontiac IL 61764

Team Member #1/Team Captain	Team Member #2
Please fill in ALL blanks REQUIRED	Please fill in ALL blanks REQUIRED
State Club Name/#	State Club Name/#
School Name/Mascot	School Name/Mascot
TBF/SAF #FLW#	TBF/SAF #FLW#
Full Name	Full Name
Sex: MFBirthdateAge	Sex: MFBirthdateAge
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	Guardian Signature

<u>Coach/Boat Captain - Please fill in all blanks</u>	S REQUIRED		
Full Name	Sex: MF	Birthdate	Age
Mailing Address	City	State	Zip
Email	Home Phone	Cell Phone	
TBF # (if member)Competed in TBF To	urnament? YesNo_	Have Boating Liability Ins	surance? YesNo
Boating Accident in last 5 years? YesNo	If yes, please explain		
Do you have any physical impairments? Yes	_No If yes, please	explain	
Boat Information: Boat Make/Model	HP Rating	_Motor Make/Model	
Motor HPTrolling Motor Make/Model		Electronics Make	
Boater Signature		Date	



PARTICIPANT RELEASE OF LIABILITY – READ BEFORE SIGNING Team

List Everyone In The Boat By Name

I/We,

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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 Illinois Bass Federation, The Bass Federation, (TBF), Student Anglers Federation, (SAF), 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, | 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 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 the organizer's sole discretion, and administered by its agents. I understand that failure to pass the examination as determined by the event organizers will result in disgualification. 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 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 understand and agree that the tournament officials reserve the right to reject my application for any reason whatsoever and agree that the tournament officials reserve the right to reject my application for any reason whatsoever and agree that the tournament **The Participant(s) signifies by their signature below that they have read and understands the foregoing provisions.**

Angler A-	Dated	Age	Signed	
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	Angler B -	Dated	Age	Signed				
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Boat Captain (if applicable) - Dated _____ Age _____ Signed

PARENTS/GUARDIANS OF MINORITY AGE PARTICIPANTS 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, incidents to my minor child's (under 18, 19 NE/AL) 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.

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