

# Reelin' In A Cure Victory Fishing Tournament – May 12, 2018

## Team/Boat Entry Form



Please read carefully and thoroughly. Ensure every angler has filled out and signed their section of the entry form. Unsigned anglers will not be eligible for prizes. Minors must include a parent/legal guardian's signature.

**Angler entry fee is \$100, Jr. Angler (ages 15 and younger) entry fee is \$50**

**Make checks payable to: American Cancer Society, 4849 Paulsen Street, Suite 102, Savannah, GA 31405**

**Deadline for registration is May 1, 2018.**

| REQUIRED TEAM/BOAT INFORMATION |                             |                        |                  |
|--------------------------------|-----------------------------|------------------------|------------------|
| REQUIRED                       | TEAM NAME                   |                        | BOAT DESCRIPTION |
|                                | BOAT NAME<br>(IF DIFFERENT) | TOURNAMENT<br>USE ONLY | TEAM #<br>PAID   |

|          |   |    |               |                                      |
|----------|---|----|---------------|--------------------------------------|
| ANGLER A | ANGLER A NAME   |    | HOME PHONE    | CELL PHONE                           |
|          | ADDRESS   |    | Date of Birth | T-SHIRT SIZE<br>S M L XL XXL 3XL 4XL |
|          | CITY  | ST | ZIP           | EMAIL ADDRESS                        |
|          | I acknowledge reading, understanding, and agreeing to the waiver below. <input checked="" type="checkbox"/> |    |               | DATE                                 |
| ANGLER B | ANGLER B NAME   |    | HOME PHONE    | CELL PHONE                           |
|          | ADDRESS   |    | Date of Birth | T-SHIRT SIZE<br>S M L XL XXL 3XL 4XL |
|          | CITY  | ST | ZIP           | EMAIL ADDRESS                        |
|          | I acknowledge reading, understanding, and agreeing to the waiver below. <input checked="" type="checkbox"/> |    |               | DATE                                 |
| ANGLER C | ANGLER C NAME   |    | HOME PHONE    | CELL PHONE                           |
|          | ADDRESS   |    | Date of Birth | T-SHIRT SIZE<br>S M L XL XXL 3XL 4XL |
|          | CITY  | ST | ZIP           | EMAIL ADDRESS                        |
|          | I acknowledge reading, understanding, and agreeing to the waiver below. <input checked="" type="checkbox"/> |    |               | DATE                                 |
| ANGLER D | ANGLER D NAME   |    | HOME PHONE    | CELL PHONE                           |
|          | ADDRESS   |    | Date of Birth | T-SHIRT SIZE<br>S M L XL XXL 3XL 4XL |
|          | CITY  | ST | ZIP           | EMAIL ADDRESS                        |
|          | I acknowledge reading, understanding, and agreeing to the waiver below. <input checked="" type="checkbox"/> |    |               | DATE                                 |

### RELEASE AND WAIVER OF LIABILITY

PLEASE READ CAREFULLY. BY SIGNING THIS DOCUMENT, YOU ARE CONSENTING TO THE WAIVER AND RELEASE OF CERTAIN LEGAL RIGHTS AS SET FORTH IN THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT.

As a participant in the Reelin' In A Cure Fishing Tournament & Party (the "Event"), I hereby freely, voluntarily, and without influence from anyone or duress of any kind execute this release and consent and agree to each of the following: **I hereby acknowledge and agree that the Event is a volunteer-run, third-party event on behalf of the American Cancer Society.**

**RELEASE AND WAIVER:** I hereby release, waive and forever discharge any and all liability, claims, and demands of whatever kind or nature against the Event volunteers and the American Cancer Society, its affiliates, directors, volunteers, and employees, including their successors and assigns (the "Released Parties"), either in law or in equity, to the fullest extent permissible by law, including but not limited to the negligence, fault or misconduct of any kind on the part of Released Parties for damages or causes of action, including but not limited to death, bodily or personal injury, illness, economic loss or out of pocket expenses, or loss or damage to property, which I, my heirs, assignees, next of kin and/or legally appointed or designated representatives, may have or which may hereinafter accrue on their behalf, which arise or may hereafter arise from my participation in the Event and related activities. I also understand that the Released Parties do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

**MEDICAL TREATMENT.** I do hereby release and forever discharge the Released Parties from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with my activities in connection with the Event.

**SEVERABILITY.** I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not affect the remaining provisions of this Release which shall continue to be enforceable.