



SAGAMOK FALL WALLEYE CLASSIC 2012

Participant #1 (Captain)

Name: _____

Address: _____

City: _____

Province/State: _____

Postal/ZIP Code: _____

Phone #: () _____

Email Address: _____

Age: _____

Boat Model: _____

Participant #2 (Partner)

Name: _____

Address: _____

City: _____

Province/State: _____

Postal/ZIP Code: _____

Phone #: () _____

Email Address: _____

Age: _____

Engine Horsepower: _____

PARTICIPATION & ENTRY:

- A. Each team must complete, sign and submit an official Sagamok Fall Walleye Classic (SFWC) entry form along with payment.
- B. Participants must enter as a two-person team (no "Partner TBD" or unknown partner names on entry forms). All participants under the age of 18 will require a WAIVER OF CLAIM, RELEASE AND INDEMNIFICATION AGREEMENT signed by their parents or guardians.

RELEASE OF LIABILITY:

I acknowledge that I am participating voluntarily in the Sagamok Fall Walleye Classic (SFWC). I agree to assume all risk of injury, death, damages, theft and loss to personal property, which may result from my participation in the SFWC. I recognize that loss of property, injury, or death could arise from the fishing and boating activities contemplated by the tournament and the risks normally encountered in open water fishing from a boat maybe enhanced by exposure to the elements and other risks inherent in outdoor competition. I retain the right to not compete if I feel the risks are too great on any given day, however, I realize in so doing that I forfeit any claim to my entry fee. I warrant that I am in good physical and mental health and am physically capable of withstanding the rigors and requirements of a professional fishing competition.

PHOTO & VIDEO RELEASE:

I understand and agree that any and all photographs, videos or films taken during the course of my participation in the tournament which includes me, my name and/or my boat may be used by the tournament organizers, sponsors or media without my prior consent and without royalties.

CAPTAIN'S SIGNATURE _____

PARTNER'S SIGNATURE _____

Please mail fully completed Entry Form and fully paid entry fee (\$300 dollars) to:

**SAGAMOK FALL WALLEYE CLASSIC,
P.O. BOX 610,
Massey, Ontario POP 1P0**

Further Information contact:

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