**WeekendBassers**

**2015-2016**

WeekendBassers Liability, Waiver of Subrogation and Truth Verification Release Form

1. LIABILITY RELEASE:

In signing this agreement, I hereby release WeekendBassers, it’s officers, agents and sponsors (herein referred to as WeekendBassers) from any and all damages, claims, demands, costs or expenses relating to the injury of any person (s) or any property, which I may sustain or which I may cause by reason of participating in or connection with any and all WeekendBassers events.

B. COVENANT NOT TO SUE AND WAIVER OF SUBROGATION:

I further agree that I will never sue WeekendBassers, its officers, agents or sponsors for damages on account of any injury or damage I suffer or cause whether known now or which may develop in the future. In the event WeekendBassers is sued because of my actions, I expressly agree to indemnify and hold WeekendBassers its officers, agents and sponsors harmless from any liability whatsoever, including court costs and attorney’s fees, arising with respect to such actions. I understand in waiving my right to sue WeekendBassers its officers, agents and sponsors, I am also waiving my rights of recovery from WeekendBassers its officers, agents and sponsors by my insurance carrier for any claims they may pay on my behalf. I further understand that by signing this agreement I waive any rights my heirs or relatives have to sue WeekendBassers its officers, agents or sponsors for liability.

C. TRUTH VERIFICATION:

POLYGRAPH OR TRUTH VERIFICATION MAY BE GIVEN AT ANY TIME AT THE DISCRETION OF THE TOURNAMENT DIRECTOR OR TOURNAMENT PRESIDENT. REFUSAL OR FAILURE OF THIS TEST WILL AUTOMATICALLY FORFEIT ANY CASH PRIZES AND WILL ELIMINATE BOTH TEAM MEMBERS FROM PARTICIPATION IN FUTURE WEEKENDBASSERS EVENTS.

MEMBER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BOATER\_\_\_\_\_ NON BOATER\_\_\_\_\_

MEMBER ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEMBER CITY/STATE/ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEMBER HOME PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEMBER CELL PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OK TO POST ON MEMBER LIST \_\_\_\_\_

EMERGENCY CONTACT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARTNER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I SIGNIFY BY MY SIGNATURE THAT IWILL AGREE TO ABIDE BY THE ABOVE RELEASES ASWELL AS THE GOVERNING RULES AND REGULATIONS AND TOURNAMENT OFFICIAL DECISIONS SET FORTH BY WEEKENDBASSERS AND ITS OFFICERS, AGENTS AND SPONSORS.

MEMBER SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DUES PAID \_\_\_\_\_\_\_\_\_\_\_\_\_