2016 CABELA'S MASTERS WALLEYE CIRCUIT OFFICIAL ENTRY FORM

<u>Please write neatly!</u> One form per team



Angler # 1 - ALL FIELDS ARE REQUIRED	Boat Insurance Company	
TWF # (new TWF members leave blank)	Truck, Year, Make & Model	
SSI #	Which rig will primarily be used during	
First NameMiddle	tournaments? [] Angler #1 or [] Angler #2	
Last	Does it have a Marine Band Radio? [] Yes [] No	
Mailing Address	If no, please list a cell phone you will have on board	
CitySt. Zip.	()	
E-mail	We are a Premier Team and the name of our substitute (if needed) is:	
H-Phone()	(1 needed) 18	
Cell Phone()	Angler#1 Tshirt size #2 T Shirt size	
What Brands does Angler 1 use? Boat, Year, Make and Model Outboard Motor Trolling Motor Electronics Make and Model	Both partners agree by our signature(s) below and presence at the event that we have read, agree to and understand the 2016 MWC Rules, Participation Agreement and Release of Liability. Both anglers must sign!- MWC Rules can be found at	
Boat Insurance Company	masterswalleyecircuit.com	
Truck, Year, Make & Model	Signature Angler 1	
Angler # 2 - ALL FIELDS ARE REQUIRED	Date	
TWF # (new TWF members leave blank)	Signature Angler 2	
SSI #	Date	
First NameMiddle	Entry Fee for MWC Tournaments is \$650 per event -	
Last Mailing Address	* TWF Membership is required at the time of Registration! <u>OPTIONAL</u> – MWC Option Pot, is additional \$350.00 per event If you wish to get into it.	
CitySt. Zip. E-mail		
TWF Membership is required - [] \$80 TWF membership (
[] We are already TWF members, here is our membership nu	mbers # #	
<u>Please indicate if your team is:</u> [] Requesting installment billing option as a Premier Team (3 or \$650 each). Otherwise Submit \$650 for each event chosen.	more events entered at once, pay for 1 @ \$650, delay bill the rest @	
[] OPTIONAL - \$350 Option pot per event you choose to get in	to the option pot for (list which events here)	
Payment Method: []Check (Payable to MWC) []Masterca	rd []Visa []Discover	
Total Registration Fee & Memberships: \$ Cred	lit Card #	
Exp. Date:/ Name as it appears on Credit Car	d:	

Contact / Mail to: Masters Walleye Circuit, 5998 N Pleasant View Road, Ponca City, OK 74601 Phone: 580.765.2319 | Fax: 580.765.2890 | Email: <u>events@masterswalleyecircuit.com</u> Web: <u>www.masterswalleyecircuit.com</u>

22. PARTICIPANT RELEASE OF LIABILITY – READ BEFORE SIGNING



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In consideration for permission to voluntarily participate in any events, programs or related activities conducted by The Walleye Federation or the Masters Walleye Circuit, (doing business as TWF and MWC), 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, I have been advised by TWF and MWC, 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 WALLEYE FEDERATION and/or MASTERS WALLEYE CIRCUIT, THEIR OFFICERS, OFFICIALS, DIRECTORS, SHAREHOLDERS, AGENTS, AND/OR EMPLOYEES, OTHER PARTICIPANTS, AND SPONSORING AGENCIES, SPONSORS, ADVERTISERS, TOURNAMENT OFFICALS AND VOLUNTIEERS AND, IF APPLICABLE, OWNERS AND LESSORS OF PREMISES AND PROPERTY used to conduct the event ("RELEASEES") OR OTHERS, AND 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 or 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 agree to submit, by signature on this document, to a polygraph or voice stress analysis examination. Hereinafter known as truth verification test, and abide by its conclusion. Truth verification test(s) will be used at TWF or MWC sole discretion, and administered by TWF or its agents. I understand that failure to pass the examination as determined by TWF will result in disqualification. 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 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 PERMITTED BY LAW.

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 during the tournament, I certify that I now have, or will obtain prior to the event, property damage\ watercraft liability insurance having reasonable limits. Said insurance must be issued by a reputable insurer and must cover injury and/or damage incurred in connection with this Tournament and cover the dates of the event(s). Upon request, I will provide satisfactory evidence of said insurance. 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 TWF or MWC, 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 further understand and agree that the tournament officials reserve the right to reject my application for any reason whatsoever. I am currently a member in good standing of The Walleye Federation. The Participant signifies by his/her signature below that they have read and understands the foregoing provisions.

Dated	Age	Signed
	-	
Dated	Age	Signed