



**REGISTRATION: Please PRINT LEGIBLY**

Participant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_\_ Zip Code: \_\_\_\_\_ Contact number: \_\_\_\_\_

Email address: \_\_\_\_\_

By my signature below, I hereby agree to this waiver and release and forever hold harmless any and all organizers, promoters, sponsors, event directors, agents, agencies and organizations participating in organizing this event. Furthermore, I agree to waive all responsibility for death, injuries, damages, liability, theft, fire or loss of any kind to entrants. I give permission to use any photo or video I may be included in as needed by the tournament director. Participants are subject to polygraph examination at committee's discretion. At the Committee's discretions, participants must successfully take a polygraph examination given by an examiner designated by the committee. I further agree to be bound by the results of any such polygraph examination, including tournament disqualification in the event of polygraph examiners detection of any deception All participants under the age of 18 (minor) will require a legal guardian's signature. Guardian will assume all liability of the waiver for the minor.

**Adult or Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Minor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Make a Donation to the Wounded Warrior In Action Foundation:** Circle donated amount below

\$1.00

\$5.00

\$10.00

RETURN FORM WITH CHECK NO LATER THAN **Monday October 11, 2021.**

Must be postmarked by October 11, 2021

Make Check's payable to: **WALLEYE FALL BRAWL LLC**

Entry Fee: \$30.00

**Mail to:** WALLEYE FALL BRAWL

4540 BUNKER ROAD

NORTH ROYALTON, OH 44133