

Cleveland Coldwater Classic

Registration Form

Entry fee of \$150.00 per team (cash, check or money order accepted)

All entries must be received by 11/14/2015. We will stop taking entries at 50 boats.

Total enclosed: _____ Check number: _____

Sign-in and boat inspection prior to tournament 2:30pm to 3:00pm.

All teams must be in line and checked in by 10:30pm, no exceptions

Waiver:

IN CONSIDERATION FOR PERMISSION TO VOLUNTARILY PARTICIPATE IN TOURNAMENTS, EVENTS, PROGRAMS, AND RELATED ACTIVITIES RELATED TO THE CLEVELAND COLDWATER CLASSIC, 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 TOURNAMENT 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 THE CLEVELAND COLDWATER CLASSIC TOURNAMENT DIRECTORS 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 CLEVELAND COLDWATER CLASSIC TOURNAMENT DIRECTORS, CLEVELAND METRO PARKS, OTHER PARTICIPANTS, AND SPONSORING AGENCIES, SPONSORS, ADVERTISERS, 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 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, 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.

I AGREE TO SUBMIT, BY SIGNATURE ON THIS DOCUMENT, TO A POLYGRAPH OR VOICE STRESS ANALYSIS EXAMINATION. HEREINAFTER KNOWN AS A TRUTH VERIFICATION TEST, AND ABIDE BY ITS CONCLUSION. TRUTH VERIFICATION TEST(S) WILL BE USED AT CLEVELAND COLDWATER CLASSIC TOURNAMENT DIRECTORS' SOLE DISCRETION, AND ADMINISTERED BY THE FALL BRAWL OR ITS AGENTS. I UNDERSTAND THAT FAILURE TO PASS THE EXAMINATION AS DETERMINED BY AT CLEVELAND COLDWATER CLASSIC TOURNAMENT DIRECTORS WILL RESULT IN DISQUALIFICATION. I ALSO AGREE TO PROVIDE MY FEDERAL TAX ID/ SSN# UPON REQUEST.

HAVING FULLY ACQUAINTED MYSELF WITH THE TOURNAMENT RULES, I HAVE COMPLETED THIS APPLICATION AND SUBMIT IT FOR MY ENTRY INTO THE TOURNAMENT. 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.

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 WITH REASONABLE LIMITS. SAID INSURANCE MUST BE ISSUED BY A REPUTABLE INSURER AND MUST COVER INJURY AND/OR DAMAGE INCURRED IN CONNECTION WITH THIS TOURNAMENT. 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 THE CLEVELAND COLDWATER CLASSIC TOURNAMENT DIRECTORS, 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.

THE PARTICIPANT SIGNIFIES BY HIS/HER SIGNATURE BELOW THAT THEY HAVE READ AND UNDERSTANDS THE FOREGOING PROVISIONS.

Team Captain (Please print all information. Incomplete entries will not be accepted)

Name _____ Team Name _____

Mailing Address _____

City _____ State _____ Zip _____

Cell Phone _____ E-Mail _____

Team Captain Signature: _____

Team member 1: _____ Signature _____

Team member 2: _____ Signature _____

Team Member 3: _____ Signature _____

Team Member 4: _____ Signature _____

Team Member 5: _____ Signature _____

If you have more than 6 people, download another sheet, fill it out and send it in with this one. All participants must sign registration form. For subs contact one of the Tournament Directors with name of new participant and who they are replacing, as soon as possible.

Make checks payable to: Don Lint
14852 Wooster Street N.W.
North Lawrence, OH 44666