The Michigan Bass Federation Liability Release Form

A. **LIABILITY RELEASE.** In signing this agreement, I hereby release Bass Federation of Michigan and the TBF, their officers, participants, agents, employees and sponsors from all damages, claims, demands, costs or expenses relating to injury of any persons or any other claim and understand that by participating in this tournament that it may cause or sustain injury, including but not limited to: loss of life, loss of limbs, paralysis, coma, loss of mental functions, loss of sight, loss of speech/smell, dehydration, exposure, hypothermia, frostbite, sun stroke and all other injuries that may be caused in a boating accident and/or exposure to the elements. I further release Bass Federation of Michigan and the TBF, its officers, participants, agents, employees and sponsors for all damages relating to adverse weather conditions while participating in this tournament. It is my responsibility to seek safety should adverse and/or unforeseen weather conditions occur prior to, during or after the tournament.

B. **COVENANT NOT TO SUE AND WAIVER OF SUBROGATION.** I further agree that I will never sue Bass Federation of Michigan and the TBF, its officers, any assistants, participants, agents, employees and sponsors for damages on account of any injury, death or damage I or the participant may suffer or cause whether known now or which may develop in the future. In the event the Bass Federation of Michigan and the TBF, it's officers, participants, agents, employees and sponsors are sued because of my actions, I expressly agree to indemnify and hold the Bas Federation of Michigan and the TBF, it's officers, participants, agents, employees and sponsors et al harmless from any liability whatsoever, including court costs and attorney's fee, arising with respect to such actions. I understand that in waiting my rights to sue the Michigan Bass Federation and the TBF, it's officers, participants, agents, employees and sponsors, et al I am also waiving the rights of recovery from the Bass Federation of Michigan and the TBF, it's officers, participants, agents, employees and sponsors, et al for any claims of my insurance carrier may pay on my behalf.

C. **VERIFICATION OF LIABILITY INSURANCE.** I maintain a minimum of $100,000 liability insurance on the boat I will use in this tournament. As a boat owner/supplier I understand I am solely responsible for the safety of any person(s) riding in my boat. I also understand I am solely responsible for any actions by me, or those on my team, that may result in injury or damage to another.

D. **POLYGRAPH/VOICE STRESS TEST. Failure** to take or pass the polygraph/voice stress examination will result in immediate disqualification without recourse.

E. **LIKENESS/PHOTO RELEASE.** In consideration for permission to participate in the Tournament, I ("Contestant") hereby grant to Anthony Adams, the TBF, its assignees and/or licenses (collectively "Sponsors"), the unconditional right to use my name, voice, photographic likeness, biographical information, fishing tips and/or instructions in any medium whatsoever, including but not limited to video/audio productions, merchandising, promotions, articles, and/or press releases, in connection with The TBF, without restriction as to changes or alterations from time to time. I understand that I will not be entitled to receive any royalties or other compensation in connection with such use.

F. **I SIGNIFY** by my signature that I have read all tournament rules and this liability release and agree to abide by all rules, regulations, releases and tournament official's decisions.

All Anglers must read very carefully, check ONE box and sign their name. Any angler that is a minor must have a Parent or Guardian Signature if under the age of 18.

_____My child or myself will wear a life jacket at all times while on the boat.

_____My child or myself will wear a life jacket when the combustion engine is in gear but can take it off when combustion engine is not running.

X_____ _____ _____

Sign Angler Age Print Complete Name & Phone Number

X_____ Date_____ _____

Sign Parent or Guardian Print Name of Signed

X_____ Date_____ _____

Signature of Boater Print Name of Boater

Boater Insurance Company**:**_____ Policy #_____