

KANSAS B.A.S.S. NATION

2020 "4-MAN TEAM SERIES #3" TOURNAMENT

ENTRY FORM

Wilson Lake

September 18/19

NO OFF LIMITS

\$500.00 ENTRY FEE PER TEAM (90% CASH pay back.)

To enter, mail your entry fee and form to the address below, postmarked at least 10 days before date of the tournament

NAME OF B.A.S.S. CLUB: _____

(No limit on how many "4-Man Teams" can be formed from each Club)

(Please print)

1A. BOAT CAPTAIN _____

B.A.S.S. #: _____

2A. TEAMMATE _____

B.A.S.S. #: _____

3B. BOAT CAPTAIN _____

B.A.S.S. #: _____

4B. TEAMMATE _____

B.A.S.S. #: _____

Boater must have and provide a copy of \$300,000 liability insurance.

Kansas B.A.S.S. Nation Waiver and Release

As a condition of me being permitted to participate as an angler or boater in a Kansas B.A.S.S. Nation state or local event (the "Event"), an opportunity available to a limited number of people, and for other goods and valuable consideration, the receipt and sufficiency of which is hereby acknowledged and intended to be legally binding, I agree to the following:

Name and Likeness Release: I hereby grant permission to the KBN, its parent companies, its subsidiaries and subsidiaries of its parent and their affiliates, their successors, licensees and assigns (the "Distributors") to utilize my appearance, performance, name, voice and likeness in connection with the Event itself and any productions incorporating or based on the Event, in connection with publicity for the Event and future editions of the Event and in connection with the promotion of the KBN, and any tournaments or other events staged by the KBN in any and all manner and media throughout the universe in perpetuity. I hereby waive any rights that I may have to inspect or approve finished product or any advertising copy that may be used in connection therewith or the use to which it is applied. I hereby warrant that I have the right to make this release and that my granting this release and the rights conveyed thereby will not infringe the rights of any third party. **Physical Condition:** I am physically fit to participate in the Event, and have not been advised otherwise by a medical practitioner.

Equipment and Facilities Inspection: I agree that before I participate in the Event, I will inspect the related facilities and equipment. I will immediately advise the supervisor of the Event of any unsafe condition that I observe. I will refuse to participate in the Event until all unsafe conditions observed by me have been remedied.

Assumption of Risk: I understand that I and each participant in the Event will be engaging in activities that involve the risk of serious personal injury, illness, permanent disability, dismemberment and death, and that also involve the risk of severe economic and property loss and damage. I understand that these risks may result from the actions, negligence, fault, omission and failure to act of myself and others (including but not limited to the Event Host Cities and other participants in, and the sponsors, organizers, and volunteers of the Event) and from the rules of play, the challenges of the Event and the condition of any property, facilities or equipment used. I also understand that there may be risks involved which are not known to me or to the Distributors, sponsors, organizers, Event Host Cities and other volunteers, and may not be foreseen or reasonably foreseeable by any of them or us at this time or at the time of the Event. I assume all the foregoing risks including the risk of any negligence by other participants or by the Event Host Cities and the Distributors, organizers, sponsors or volunteers of the Event and their respective owners, directors, officers, employees or agents, and the risk of injury caused by the condition of any property, facilities or equipment used during the Event, and accept personal responsibility for any injury (including, but not limited to; personal injury, disability, dismemberment and death), illness, damage, loss, claim, liability or expense, of any kind or nature, that I or my property may suffer arising out of or in connection with the Event or my participation therein or attendance thereof.

Liability Release and Indemnity Agreement: I hereby release and forever discharge and agree to save and hold harmless KBN and its respective parents and their subsidiaries, subsidiaries of its parents and their affiliates, the Event Host Cities and other volunteers associated or affiliated with the Event, the owners, lessor, and lessees of the property, facilities and equipment used in connection with the Event, including without limitation the respective organizers, directors, officers, employees and agents of all of them, and the other participants in the Event (each such entity or individual being referred to as a "Released Party") of and from any and all injuries (including attorneys' fees) of any kind or nature (and whether accruing to me, my heirs or my personal representatives) that are caused or alleged to be caused in whole or in part by my action, negligence, fault, omission, failure to act, or by my breach or alleged breach of this Waiver and Release, or by the condition of the property, facilities or equipment of any Released Party or that arise out of or in connection with the Event or my participation therein or attendance thereof.

Medical Treatment: In connection with any injury I may sustain or other medical conditions I may experience during my participation in or attendance at the Event, I authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by the attending medical personnel if I am not able to act on my own behalf. I further authorize the attending medical personnel to execute on my behalf any permission forms, consents or other appropriate documents relating to medical attention and to act on my behalf if I am not able of immediately available to do so.

Severability of Provisions: I agree that the foregoing agreements are intended to be as broad and inclusive as is permitted by law. Any provisions herein found by a court to be void or unenforceable shall not affect the validity or enforceability of any other provisions.

****Every effort will be made to keep these lakes and dates, but all lakes and dates are subject to change.***

Angler Declaration:

I HAVE READ AND HAVE UNDERSTOOD THIS WAIVER AND RELEASE OF LIABILITY AND NAME AND LIKENESS RELEASE. I UNDERSTAND THAT BY SIGNING THIS WAIVER AND RELEASE, I HAVE GIVEN UP SUBSTANTIAL RIGHTS. I HAVE VOLUNTARILY SIGNED THIS WAIVE AND

RELEASE. HAVING AQUAINTED MYSELF WITH THE RULES, I HAVE COMPLETED THIS APPLICATION. IN SIGNING THIS APPLICATION, I HEREBY AGREE TO BE BOUND BY AND COMPLY WITH ALL TOURNAMENT RULES AND REGULATIONS. I FURTHER UNDERSTAND AND AGREE THAT THE TOURNAMENT DIRECTOR RESERVES THE RIGHT TO REJECT THIS APPLICATION FOR ANY REASON. AS AN ANGLER, I AM CURRENTLY A MEMBER IN GOOD STANDING WITH THE KANSAS B.A.S.S. NATION. I AGREE AS A PARTICIPANT (ANGLER OR BOATER) IN THE KBN 2MAN COLLEGE EVENT TO USE DURING THE EVENT ANY AND ALL OFFICIAL PRODUCTS AND EQUIPMENT SO SPECIFIED AND PROVIDED BY THE KBN.

Boater Signature:

Date:

Non-Boater Signature:

Date:

Make sure you have filled out this form completely. Make checks payable to "KBN". Submit proof of insurance with form. Entries must be postmarked at least ten (10) days prior to the event entered. Mail to:

Danny Barrett
5003 North Dean Road
Hutchinson, KS 67502
620-200-8723
danb4ku@gmail.com