



# FLORIDA B.A.S.S. NATION

## 2-MAN TEAM TOURNAMENT ENTRY FORM

• Both team members must fill-out an application and submit forms together at registration • A \$10.00 per person annual **Team Membership Fee** is required to fish this event and will be collected at registration • Team members must be from the same club •

FBN. Parent Club: \_\_\_\_\_ FBN Club Number: \_\_\_\_\_

Event Location: \_\_\_\_\_ FBN Region: NE NW Central South  
(Please circle your home region)

Boater's Name \_\_\_\_\_ FBN Membership Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Do you have any physical impairment? Yes No If yes, please explain: \_\_\_\_\_  
(Please circle one)

**All boat are required to have at least \$300,000 of Combined Liability Insurance on the boat being used in this tournament. If you are entering as a boater, please provide a copy of your insurance with this tournament entry form.**

Do you have the proper boat insurance? Yes No  
(Please circle one)

Boat Brand: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_ Length \_\_\_\_\_

Engine Brand: \_\_\_\_\_ HP: \_\_\_\_\_ Trolling Motor Brand: \_\_\_\_\_

Electronics: \_\_\_\_\_ Shallow Water Anchoring System \_\_\_\_\_

**Please provide your partner's contact information below (partners must be from the same club):**

Non - Boater's Name: \_\_\_\_\_ FBN Membership Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Do you have any physical impairment? Yes No If yes, please explain: \_\_\_\_\_  
(Please circle one)

**Make checks payable to the Florida BASS Nation**

Team Entry Fee: **\$120.00 (includes \$60.00 per team member and Big Bass Side Pot)**

**A \$10.00 per person annual Team Membership Fee is required to fish this event and will be collected at registration.**

Total Amount Enclosed: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ We will pay at registration (No Late Fee): \_\_\_\_\_

**Please do not mail entry forms within 7-days of the tournament. DO NOT MAIL CASH**

**MAILING ADDRESS: Florida B.A.S.S. Nation, ATTN: Tom Bateman, 1912 Cascades Cove Dr., Orlando, FL 32820**

**Please Read and Sign Below**  
**Liability Release**

In consideration of being allowed to participate in the Florida B.A.S.S. Nation (FBN) fishing tournament series, I acknowledge and agree to the following:

1. The risk of injury, disability, death, loss or damage to person or property from the activities involved in the tournament(s) is significant, including the potential for permanent paralysis, illness, injury and death to a person and destruction of equipment, and while compliance with particular FBN rules, correct use of equipment, and personal discipline may reduce this risk, such risk does exist.
2. If I am using my own boat in the tournament(s), I certify that I now have or will obtain prior to the tournament series, Combined Liability Boat Insurance (including coverage for third party property damage and bodily injury) with no Tournament Exclusion, having a minimum limit of at least \$300,000 per occurrence. The insurance must be issued by a reputable insurer rated "A" or better by A.M. Best and Co. At the FBN's request, I will provide satisfactory evidence of having such current insurance to any FBN official upon request.
3. I have been advised by the FBN of the contents of this document through my reading it, and have had the opportunity to seek legal counsel with respect to the legal effect of this document prior to signing it through it being posted on the FBN's website.
4. I KNOWINGLY AND FREELY ASSUME ALL RISKS REFERRED TO ABOVE, AND ALL OTHER RISKS OF TOURNAMENT PARTICIPATION, BOTH KNOWN AND UNKNOWN, EVEN, WITHOUT LIMITATION, IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES (AS DEFINED BELOW) OR OTHERS, AND ASSUME FULL RESPONSIBILITY FOR RISKS ARISING FROM MY PARTICIPATION IN THE TOURNAMENT(S);
5. I willingly agree to comply with the terms and conditions for participation in any tournament of the FBN and should I observe any unusual hazard(s) in my presence or during participation which could potentially cause injury or damage to any person, I will remove myself from participation and bring such hazard(s), to the attention of the nearest FBN official immediately.
6. I, FOR MYSELF AND ON BEHALF OF MY HEIRS, ASSIGNEES, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS B.A.S.S., FLORIDA B.A.S.S. NATION, ITS PARENT AND AFFILIATED COMPANIES, THE OFFICERS, OFFICIALS, DIRECTORS, SHAREHOLDERS, AGENTS, CONSULTANTS, AND/OR EMPLOYEES OF EACH, OTHER PARTICIPANTS, AND SPONSORING AGENCIES, SPONSORS, ADVERTISERS, AND, IF APPLICABLE, OWNERS AND LESSORS OF PREMISES AND PROPERTY USED TO CONDUCT THE EVENT ("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.
7. If there are any questions raised by the judge or officials of the FBN as to my veracity in respect to my participation in any tournament, I agree to submit to a polygraph examination and understand that failure to pass the examination will result in disqualification from such tournament and potentially from the FBN at its discretion as provided by the rules of the organization. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND THE ATTACHED RULES, FULLY UNDERSTAND THEIR TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY.
8. PUBLICITY. In consideration for permission to participate in any FBN tournament, I ("Contestant") hereby grant to B.A.S.S., Florida B.A.S.S. Nation, Inc., its assignees and/or licensees (including television production companies contracted by B.A.S.S. or the FBN), the unconditional right to use my name, voice, image, image in a video format while participating in a tournament, 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 B.A.S.S., FBN, or the B.A.S.S. Nation, without restriction as to changes or alterations at any time. I understand that I will not be entitled to receive any royalties or other compensation in connection with such use and waive my right to review the finished product. By my signature below I verify that I have read and understand the foregoing provisions.
9. Having acquainted myself with the tournament rules, I have completed this application and submit it for entry into the tournament(s) listed above. In signing this application, I agree to be bound by, and comply with all Tournament Rules and Regulations of the FBN. I expressly assume all risks associated with this tournament(s) and hereby release the FBN, its Officers, the host, sponsors, Tournament Officials, and any other organizations involved in this tournament(s), from all claims of injury and/or damages incurred in connection with this Tournament(s). I further understand and agree that the Tournament Committee reserves the right to reject my application for any reason. I am currently a member in good standing of the FBN and the parent club listed on this Official Tournament Entry Form.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide age if under age of 18: \_\_\_\_\_ Print Name: \_\_\_\_\_

PRINT CONTESTANT NAME HERE FOR PARENTS/GUARDIANS OF MINORITY AGE PARTICIPANTS (UNDER THE AGE OF 18 YEARS OLD AT THE TIME OF REGISTRATION)

I, AS PARENT/GUARDIAN DO HEREBY CERTIFY THAT I HAVE LEGAL RESPONSIBILITY FOR THE PARTICIPANT AND I AGREE AND GIVE MY CONSENT TO HIS/HER RELEASE AS PROVIDED ABOVE OF ALL THE RELEASEES, AND, FOR MYSELF, MY HEIRS, ASSIGNEES, AND NEXT OF KIN, I RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM ANY AND ALL LIABILITIES INCIDENT TO MY MINOR, CHILD'S OR WARD'S INVOLVEMENT OR PARTICIPATION IN THESE PROGRAMS AS PROVIDED ABOVE, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, TO THE FULLEST EXTENT PERMITTED BY LAW.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_