

Leech Lake Walleye Tournament Official Entry Form
June 3rd & 4th 2017
Entry Fee \$400.00

TEAM CAPTAIN

PARTNER

Name _____ Sex: M or F
 Street Address _____
 City _____ State ____ Zip _____
 Home Phone: () _____
 Cell Phone: () _____
 E-mail Address: _____
 Boat: Brand _____ Year _____ Model _____
 Motor: Brand _____ Year _____ H.P. _____

Name _____ Sex: M or F
 Street Address _____
 City _____ State ____ Zip _____
 Home Phone: () _____
 Cell Phone: () _____
 E-mail Address: _____
 Boat: Brand _____ Year _____ Model _____
 Motor: Brand _____ Year _____ H.P. _____

Special Divisions (Individual plaque awarded):			Please Circle:		
<u>Adult/Child (under 18)</u>		<u>Male/Female</u>		<u>Female/Female</u>	

LIABILITY RELEASE – PLEASE READ CAREFULLY BEFORE SIGNING

By signing this entry form, I agree that I am voluntarily participating in the Leech Lake Walleye Tournament (LLWT). I agree to assume all risk of injury, death, or loss to personal property, which may result from my participation in this fishing tournament. I hereby release and forever discharge Walker Area Community Center, its affiliates, the tournament officials, sponsors, City of Walker, other hosts of events associated to this event, respective agents, employees, volunteers and guests from all claims, liabilities, damages or loss of any kind resulting from my participation in the tournament or caused by the negligence, strict liability or other fault, actions, inactions or conduct of the released parties. I further agree to abide by all tournament rules and to accept as final and binding, all decisions of the tournament judges. As a participant I understand that the tournament officials have reserved the right to require a polygraph examination of any contestant, I understand the winnings, if any, may be withheld pending the results of the examination. I hereby agree to submit to a polygraph examination, if so requested, and I voluntarily wave any right or privilege under Minnesota Law to object to the examination.

As a participant in this event, I understand that a photograph or videotape of me may be taken during the course of the tournament. I agree that any photo, video, or likeness of me may be used for commercial purposes by tournament organizers, sponsors, and/or the news media without royalties or prior consent, unless specified in writing prior to the event start. I understand and agree that the LLWT may share my personal data and information with supporters and providers of the LLWT and consent to such use.

I HAVE READ THE RELEASE OF LIABILITY AND TOURNAMENT RULES AND CLEARLY UNDERSTAND ALL OF ITS TERMS AND CONDITIONS. I ENTER VOLUNTARILY AND WITHOUT ANY RESERVATIONS, PROMISES OR GUARANTY. THIS WAIVER REPLACES ANY PREVIOUS RELEASES.

TOURNAMENT ENTRY FORM - Incomplete Tournament Entry Forms may be returned unaccepted

Captain Signature _____ Date _____

Partner Signature _____ Date _____

Parent Signature (if partner is under 18 years of age) _____

SEND COMPLETED ENTRY FORMS WITH A \$400.00 CHECK OR MONEY ORDER TO:
WACC - Leech Lake Walleye Tournament
PO BOX 1089
Walker, MN 56484
DIRECT ALL QUESTIONS AND INQUIRES TO: 218-547-1313