

Team Number #



\*Team Member #1: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

\*Team Member #2: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

\*Team Member #3: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

By entering the Glacial Lakes Walleye League event(s) "GLWL", I hereby agree to follow the rules and I also agree that in consideration of being allowed to participate in GLWL 2017 events, I hereby release and discharge GLWL and its sponsors and any and all parties and entries from any and all claims, demands, grievances, and causes of action of any kind whatsoever, and including, but not limited to foregoing, of any liability of any kind, nature of description, including theft or damage to my equipment of the equipment I use which may arise as a result of my participation in GLWL events I have signed this release the \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.

**Signature:**

Team Member #1 \_\_\_\_\_

Team Member #2 \_\_\_\_\_

Team Member #3 \_\_\_\_\_

Substitution \_\_\_\_\_ Signed Date \_\_\_\_\_

Make personal check, cashier's check or money order payable to Glacial Lakes Walleye League for the correct amount for the season dues. Refer to GLWL Flyer for payment options. **ALL ENTRIES ARE FINAL – No Exceptions**

**Events**

- Event #1 – May 8<sup>th</sup> – Big Stone Lake (Hartford Beach)
  - Event #2 – May 22<sup>nd</sup> – Waubay Lake (Kenago Access)
  - Event #3 – June 3<sup>rd</sup> – Bitter Lake / Midseason Event (State Access)
  - Event #4 – June 19<sup>th</sup> – Lake Poinsett (State Park Access)
  - Event #5 – July 10<sup>th</sup> – Lake Kampeska (Memorial Park/Sandy Shores)
  - Championship – July 15<sup>th</sup> – Lake TBD via poll vote of teams that qualify. Top 15 TOY teams will be invited.
- Director is **Jay Johnson (605)520-4726** Email:jjohnson@muisd.com  
 Mail Entry Forms to: GLWL 1604 4<sup>th</sup> Street NE, Watertown, SD, 57201

**Waiver of Liability, Indemnification and Medical Release**

I am aware of the dangers involved in participating in GLWL Events. On behalf of myself, my executors, administrators, heirs, next of kin, successors and assigns, I hereby

1. Waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me and my estate, the State of South Dakota and its officers, agencies and employees; the Glacial Lakes Walleye League LLC and its officers, shareholders and employees; and
2. Indemnify and hold harmless the State of South Dakota, and its officers, agents and employees, the Glacial Lakes Walleye League LLC and its officers, shareholders and employees from and against any and all liabilities and claims made by other individuals and entities as a result of any of my actions during the events.

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I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident or illness during the activity or event. This release and waiver shall be constructed broadly to provide a release and waiver to the maximum extent permissible under applicable law. **See Reverse for Signatures**

I, the undersigned participant, acknowledge that I have read and understood the release on the reverse page

Team Member #1 Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Team Member #2 Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Team Member #3 Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Substitution Signature

Team Number # \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_