

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**

Event

Fall Tournament – October 7th – Indian Springs near Clark, SD – Black Claw Bait & Tackle Ramp

Directors are **Dave Buechler (605)281-9009 & Jay Johnson (605)520-4726**

Email:jjohnson@muisd.com

Mail Entry Forms to: GLWL 1604 4th 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.

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**

Team Number # _____



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: _____