

# *Fishing Has No Boundaries-Central Ohio*

## **FISHING EVENT VOLUNTEER RELEASE**

**Saturday, June 1st, 2019**

**Buckeye Boat Club – East Side of Hoover Reservoir**

**PLEASE READ AND SIGN**

**\*\*\*YOUR SIGNATURE IS REQUIRED\*\*\***

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this Fishing Has No Boundaries-Central Ohio's fishing event (the "fishing Event"). I hereby agree and acknowledge that I (1) am a voluntary participant in this Fishing Event; (2) am capable of participating in this Fishing Event; (3) recognize that there is a risk of injury to me from participating in this Fishing Event; and (4) understand that the Releases (as defined below) are relying upon this release in permitting me to participate in this Fishing Event. I hereby assume full and complete responsibility for any injury or accident which may occur to me during my participation in this Fishing Event (or while on the premises where this Fishing Event is held) and I hereby release and hold harmless and covenant not to file suit against Fishing Has No Boundaries, Inc. and the Buckeye Boat Club, along with any other Fishing Event volunteers or corporate sponsors (and the agents and employees of such corporate sponsors) as well as all other persons or entities associated with this Fishing Event. The "Releases" from any loss, liability, damage, or claims I may have arising out of my participation in this Fishing Event, including personal injury or damage suffered by me or others, whether same be caused by falls, contact with other Fishing Event participants, negligence of the Releases or otherwise. If I do not follow the rules in the Fishing Event, I understand that I may be removed from the Fishing Event. I give my full permission to the Releases and their corporate partners to use any photographs, videotapes, or other recordings of me that are made during the course of this Fishing Event.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

**\*\* YOUR SIGNATURE IS REQUIRED \*\***

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
EMAIL ADDRESS\*

\_\_\_\_\_  
CITY, STATE ZIP CODE

\_\_\_\_\_  
EMERGENCY CONTACT NAME

\_\_\_\_\_  
EMERGENCY CONTACT PHONE

WOULD YOU LIKE TO BE INFORMED ABOUT UPCOMING FHNB EVENTS?      YES or NO

ARE YOU INTERESTED IN BECOMING MORE INVOLVED WITH FISHING HAS NO BOUNDARIES? YES or NO