



2021 Registration/Liability Waiver Form

Name _____ Phone # _____ Email _____

Address _____ City/State/Zip _____

ACTIVITY: NETMINDERS 2019 BASS FISHING TOURNAMENTS

Can you Swim? ___ Yes ___ No *Life jackets are to be worn at all times on the water by minors
And when gasoline motor is running for all others.*

Medical Release: In the event of emergency where medical treatment is required, I give my permission to the Netminders staff to obtain the services of a licensed physician.

Please list any special medical information that may be relevant: (Allergies, Diabetes, etc)

I hereby assume the risk of any accidents or incidents and hereby release Trinity Assembly of Algood from any responsibility or liability whatsoever.

Signed: _____ Date: _____



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