



SAVE \$25 BY REGISTERING BEFORE MAY 1



TOURNAMENT REGISTRATION FORM

Entry forms that are not completed in full will not be accepted. Tournament entry fee is per person. Check, credit card, cash, or money order must accompany this entry form to qualify for tournament entry. In signing this application, you verify that you have read and understand the rules provided by The Daniel Drevnick Memorial Fun (Hero at Home) Fishing Tournament. Each angler must also sign the Release of Liability and Publicity Release forms which accompany this registration form.

TEAM NAME: _____ Select ONE: Walleye Largemouth Bass

Angler 1 Name: _____ Birthdate: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Email address: _____

Angler 1 signature: _____ Parent/Guardian signature (if under 18): _____

Angler 2 Name: _____ Birthdate: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Email address: _____

Angler 2 signature: _____ Parent/Guardian signature (if under 18): _____

Boat information: make: _____ model: _____ year: _____

Motor information: make: _____ model: _____ year: _____

Are you willing to take veterans fishing Saturday morning? YES _____ NO _____

Would you like to make a donation? Provide a room for a night for a veteran... \$ 200 Full weekend of lodging for a veteran... \$ 400 Provide a scholarship for a veteran... \$ 1,000 Make a donation to help provide scholarships for veterans and their families... \$ _____

Angler 1 fee (\$100 before May 1) (\$125 on or after May 1) ... \$ _____ Additional dinner reservation (\$25) ... \$ _____ Angler 2 fee (\$100 before May 1) (\$125 on or after May 1) ... \$ _____ Additional dinner reservation (\$25) ... \$ _____ Donation ... \$ _____

Credit Card Number: _____

3 digit number on back of card: _____

Name on card: _____

Expiration Date: _____ Zip Code: _____

Signature: X _____

Make checks payable to: The Daniel Drevnick Memorial Fund P.O. Box 251566, Woodbury, MN 55125

Amount Enclosed: \$ _____





DANIEL DREVNICK MEMORIAL FUND
Assisting in the Transition from Military to Law Enforcement

RELEASE OF LIABILITY

I UNDERSTAND THAT I ENTER THE DANIEL DREVNICK MEMORIAL FUND (HERO AT HOME) FISHING TOURNAMENT (HEREINAFTER REFERRED TO AS "THE TOURNAMENT") AT MY OWN RISK AND HEREBY ASSUME ANY AND ALL RISKS WHICH MAY BE INVOLVED IN PARTICIPATING IN THE TOURNAMENT, INCLUDING, BUT NOT LIMITED TO, HAZARDS DUE TO BAD WEATHER CONDITIONS. I FULLY UNDERSTAND THAT AT ANY TIME DURING MY PARTICIPATION, I MAY SELECT NOT TO PARTICIPATE WHEN I THINK HAZARDS ARE TOO GREAT. LASTLY, IN CONSIDERATION OF MY PARTICIPATION IN THE TOURNAMENT, I HEREBY AGREE TO RELEASE, REMISE, ACQUIT, SATISFY AND FOREVER DISCHARGE AND INDEMNIFY AND HOLD HARMLESS THE DANIEL DREVNICK MEMORIAL FUND, ITS EMPLOYEES, AGENTS, SERVANTS AND INSURERS; ALL INDIVIDUAL COMMITTEE MEMBERS OF THE TOURNAMENT; AND ALL SPONSORS OF THE TOURNAMENT, THEIR EMPLOYEES, AGENTS, SERVANTS AND INSURERS (HEREINAFTER JOINTLY REFERRED TO AS "THE RELEASEES") FROM ALL, AND ALL MANNER OF ACTION AND ACTIONS, CAUSES AND CAUSES OF ACTION (INCLUDING, BUT NOT LIMITED TO, CAUSES AND CAUSES OF ACTION AGAINST THE RELEASEES FOR THE RELEASEES' OWN NEGLIGENCE), SUITS, DEBTS, DAMAGES, CLAIMS AND DEMANDS WHATSOEVER, IN LAW OR IN EQUITY WHICH I EVER HAD, NOW HAVE OR MAY HAVE IN THE FUTURE OR WHICH MY PERSONAL REPRESENTATIVE, SUCCESSOR, HEIR OR ASSIGN EVER HAD, NOW HAS, OR MAY HAVE IN THE FUTURE AGAINST THE RELEASEES AS A RESULT OF MY PARTICIPATION IN THE TOURNAMENT.

Signature _____ Date _____

Parent/Legal Guardian (if under age 18) _____ Date _____

Photograph and Publicity Release Form

I, _____, give my permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of The Daniel Drevnick Memorial Fund. I agree that The Daniel Drevnick Memorial Fund has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with the The Daniel Drevnick Memorial Fund mission. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation, etc for the use of such pictures, etc., and hereby release The Daniel Drevnick Memorial Fund and its agents and assigns from any and all claims which arise out of or are in any way connected with such use. I have read and understood this consent and release. I give my consent to The Daniel Drevnick Memorial Fund to use my name and likeness to promote the program, its fiscal agent, and/or their activities.

Signature _____ Date _____

Parent/Legal Guardian (if under age 18) _____ Date _____