



**ICE OUT SPECIAL SAVE \$25.00 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 form to qualify for tournament entry. In signing this form, you verify that you have read and understand the rules provided by the Daniel Drevnick Memorial Fund fishing tournament. Each angler must also sign the release of liability and publicity release forms that accompany this form.

TEAM NAME \_\_\_\_\_ Select one: Walleye \_\_\_\_ Bass \_\_\_\_

Angler 1 Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Signature \_\_\_\_\_ Parent/Guardian (if under 18) \_\_\_\_\_

Angler 2 Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Signature \_\_\_\_\_ Parent/Guardian (if under 18) \_\_\_\_\_

Boat information: make: \_\_\_\_\_ model: \_\_\_\_\_ year: \_\_\_\_\_

Motor information: make: \_\_\_\_\_ model: \_\_\_\_\_ year: \_\_\_\_\_

Will you be taking veterans fishing Saturday morning? YES \_\_\_\_ No \_\_\_\_

Sponsor a veteran at the event. One night stay \$200.00 (maximum 2 nights). Total \$ \_\_\_\_\_

Make a tax exempt donation to help provide scholarships for veterans. Total \$ \_\_\_\_\_

Entry fee **PER** angler (\$125.00 before May 1) \$150.00 (on or after May 1) total \$ \_\_\_\_\_

Additional banquet ticket (s) (\$35.00 each) total \$ \_\_\_\_\_

Credit card number \_\_\_\_\_ 3 digit # on back of card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on card \_\_\_\_\_ Signature \_\_\_\_\_

All checks payable: the Daniel Drevnick Memorial Fund. Mail to: PO Box 251566, Woodbury, MN. 55125



## 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 \_\_\_\_\_