

2021 Annual Fishing Derby

Saturday, May 29, 2021

Check-In: 5:30 AM at the Marina • Fishing: 6:00 AM – 11:00 AM

1 or 2 People per Team ONLY - ALA Members ONLY

All Participants 16 and older **MUST** hold a valid California Fishing License

Your Registration includes: Commemorative hat, goody bag with snacks & fishing supplies and a chance to win the coveted BIGGEST fish trophy.

ALA Member's Name: _____ Participant: Yes/No (circle one)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Participant 1 Name: _____

Participant 2 Name: _____

Membership Card #: _____

CHOOSE ONE CATEGORY ONLY:

Trout

Bass

Adult Participants @ \$40 each Qty: _____ x \$40 = _____

Child Participants (15 & under) @ \$20 each Qty: _____ x \$20 = _____

Amount Enclosed: \$ _____

SUBMIT YOUR REGISTRATION FORM VIA E-mail TO: spittman@ala-ca.org

OR mail with payment to P.O. Box 1119, Lake Arrowhead, CA 92352

OR come see us in person at the Marina: 870 N. State Hwy. 173, Lake Arrowhead, CA 92352

LATE REGISTRATION (Day of Event - goody bags and hats **MAY NOT** be available)

- Cash or Check ONLY
- Goody bags will be limited
- Adult = \$45 Child = \$25
- Present ALA Membership card at time of registration

Youth Team:

Team #

2021 REGISTRATION FORM

Credit Card #	Expiration (MM/YY)
Print name as it appears on card:	
Signature Authorizing charge:	
CV V Code:	Billing Zip Code:



2021 FISHING DERBY

ACCIDENT WAIVER, RELEASE OF LIABILITY AND PHOTO RELEASE FORM

I HEREBY ASSUME ALL RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that a medical professional has **NOT** advised my child or me to avoid participation in this event. I certify that there are no health-related reasons or problems which preclude my child's participation in this activity. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which my child may participate, and that it will govern me and my child's actions and responsibilities at said activity.

In consideration of my application and permitting me and my child to participate in this activity, I hereby take action for myself, my child, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for the death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me or my child including traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Arrowhead Lake Association, any governmental entity and/or all of the affiliates, divisions, departments, directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers of the above mentioned entities;

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in paragraph (A) from any and all liabilities or claims made by me or my heirs as a result of participation in this activity, whether caused by the negligence of me, my child or otherwise.

I acknowledge that the parties, people and entities mentioned in paragraph (A) are NOT responsible for any errors, omissions, acts, or failures to act of any party or entity conducting any activity on their behalf. I acknowledge that this activity involves the participation of minors and carries with it the potential for injury. The risks include, but are not limited to, those caused by terrain, temperature, weather, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, me, and/or my child may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature

Date

Participant's Name
(Please print legibly)

Age

Parent/Guardian Signature
(If under 18 years old, Parent or Guardian must also sign.)

Date