

National Bass Fishing Trail Inc.  
Membership Form and Release Waivier

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home District: \_\_\_\_\_ Phone: \_\_\_\_\_

Birthday: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Email Address: \_\_\_\_\_  
Would you like to receive your monthly newsletter via email: Yes \_\_\_ No \_\_\_

Adult: 1 Year (20\$) \_\_\_ 3 Years (55\$) \_\_\_ Lifetime (200\$) \_\_\_

Junior: 1 Year (15\$) \_\_\_

**Read Before signing**

In signing this form, I hereby release the host, National Bass Fishing Trail Inc., its owners, agents, and employees, sponsors, and tournament officials, from any and all damages, claims, demands, cost, or expenses relating to injury of any persons or damage to any property which I may sustain or which I may cause by reason of participating in or in connection with any National Bass Fishing Trail Inc. tournament.

I further agree that I will never sue any of the above for damages on account of any injury or damage I suffer or cause, whether known now or which may develop in the future, in connection with any National Bass Fishing Trail Inc. tournament. In the event any of the above are sued because of my actions, I expressly agree to indemnify and hold each harmless from any liability whatsoever, including court cost and attorney fees arising with respect to such actions.

I further agree to submit to a polygraph examination and abide by the Rules Committee of the polygraph test.

\_\_\_\_\_  
**Signature** **Date**

**FOR PARTICIPANTS UNDER THE AGE OF 18 AT TIME OF REGISTRATION**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Minor Participant Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

Emergency Phone Number(s) \_\_\_\_\_

Please send to:  
NBT Secretary  
1331 Blue Heron Circle  
Antioch, IL 60002

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