

# ENTRY FORM



Small Boat Division (20 ft. or less)  
\$100.00 per boat, max. 3 anglers  
(\$125.00 after June 1, 2009)

Big Boat Division (over 20 ft.)  
\$250.00 per boat, max. 4 anglers  
(\$300.00 after June 1, 2009)

Make cheque or money order payable to:  
Port Colborne & District Conservation Club

Mail to Registrar at:

444 Tournament, P.O. Box 444. Pt. Colborne, ON, CANADA, L3K 1B7

**Please note: Postmark date will determine date of entry.**

Name of Captain: \_\_\_\_\_

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

Prov./State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date: \_\_\_\_\_

Make of Boat: \_\_\_\_\_ Make of Motor: \_\_\_\_\_

Colour: \_\_\_\_\_ Horse Power: \_\_\_\_\_

Length: \_\_\_\_\_

Boat Name: \_\_\_\_\_ CB/VHF Handle: \_\_\_\_\_

# 444 Participants Waiver and Release

In consideration of acceptance of this entry, to participate in the Port Colborne "444 International Walleye Tournament," to be held June 19-21<sup>st</sup>, 2009. I, for myself, my heirs, executors, administrators and assigns, waive, and release absolutely and unconditionally any and all claims I may become entitled to for injury or damage, and release the Port Colborne & District Conservation Club, and any other organizers, sponsors, and the City of Port Colborne, their respective members, servants, agents or employees, from any claims, demands, damages, actions or causes of actions arising out of any loss, injury or damage to my property incurred while attending at or participating in this tournament, notwithstanding any such loss, injury, or damages which may arisen by reason of negligence of the Port Colborne & District Conservation Club, and/or any other organizers, sponsors and the City of Port Colborne, their respective members, servants, agents, or employees.

Without limiting the generality of the foregoing, I further release any recourse which I may now or hereafter have resulting from any decisions of the Port Colborne & District Conservation Club and/or organizers, sponsors, and the City of Port Colborne, and their respective members, servants, agents, or employees.

**I CONFIRM I HAVE READ THIS WAIVER AND RELEASE AND UNDERSTAND ITS CONTENTS AND EFFECT ON MY LEGAL AND EQUITABLE RIGHTS, AND AM SIGNING IT VOLUNTARILY.**

**TEAM NUMBER** \_\_\_\_\_

**PLEASE PRINT**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

(Signature of parent/guardian if applicable)

SIGNATURE: \_\_\_\_\_

(Signature of parent/guardian if applicable)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

(Signature of parent/guardian if applicable)

SIGNATURE: \_\_\_\_\_

(Signature of parent/guardian if applicable)

ALTERNATE'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

(Signature of parent/guardian if applicable)