



Student Angling Participant Release of Liability

Student Angler Tournament Trail / Student Angler Organization / Participant Release of Liability - Read Before Signing

In consideration for permission to voluntarily participate in tournaments, events, programs and related activities conducted by Student Angler Tournament Trail, also known as the (SATT) & the Student Angler Organization, also known as the (SAO), I acknowledge, appreciate and agree that:

1. The risk of injury, disability, death, loss or damage to my person or property from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I have been advised by SATT and SAO, and have had the opportunity to seek legal counsel with respect to the legal effect of this document; and,
3. I KNOWINGLY AND FREELY ASSUME ALL RISKS REFERRED TO ABOVE, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF STUDENT ANGLER TOURNAMENT TRAIL, THEIR PARENT COMPANY STUDENT ANGLER ORGANIZATION, THEIR OFFICERS, OFFICIALS, DIRECTORS, VOLUNTEERS, SHAREHOLDERS, AGENTS, AND/OR EMPLOYEES, OTHER PARTICIPANTS, AND SPONSORING AGENCIES, SPONSORS, ADVERTISERS, AND, IF APPLICABLE, OWNERS AND LESSORS OF PREMISES AND PROPERTY USED TO CONDUCT THE EVENT ("RELEASEES") OR OTHERS, AND ASSUME FULL RESPONSIBILITY FOR RISKS ARISING FROM MY PARTICIPATION; AND,
4. I willingly agree to comply with the terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the immediate attention of the nearest official; and,
5. I, FOR MYSELF AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS RELEASEES, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHICH I SUFFER OR WHICH I AM FOUND TO HAVE CAUSED IN WHOLE OR IN PART BY MY NEGLIGENCE OR INTENTIONAL MISCONDUCT, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES, OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.
6. I agree to submit to a truth verification test administered by SATT, and/or SAO and understand that failure to pass the examination as determined by SATT, or SAO will result in disqualification.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND THE ATTACHED RULES. I FULLY UNDERSTAND THE TERMS AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS RELEASE, AND SIGN IT FREELY AND VOLUNTARILY.

PUBLICITY: In consideration for permission to voluntarily participate in the tournaments, events, programs, and related activities conducted by SATT, and SAO, I ("Participant") hereby grant to SATT and SAO, their assignees and/or licenses (collectively "Sponsors" including television production companies contracted by SATT, and SAO, the unconditional right to use my name, voice, photographic likeness, biographical information, fishing tips and/or instructions in any medium whatsoever, including but not limited to video/audio productions, merchandising, promotions, articles, and/or press releases, in connection with SATT and SAO, events, programs and related activities conducted by SATT and SAO without restriction as to changes or alterations from time to time. I understand that I will not be entitled to receive any royalties or other compensation in connection with such use. If Participant wins any event, the Participant's name, likeness and biographical information may be used in connection with advertising and promotion. The Participant specifically consents and agrees to such use without restriction as to changes or alterations from time to time, and further understands and agrees that any use will be without payment of any royalties or any additional compensation to Participant.

My electronic signature (typed legal First and Last name followed by the typed date) is the legally binding equivalent to my handwritten signature. My electronic signature has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

Participant's Signature *

[Clear](#)

Participant's Name *

First Name

Last Name

Age: *

Cell Phone Number *

 -

Area Code

Phone Number

Date *



Date

FOR PARENTS/GUARDIANS OF PARTICIPANTS UNDER AGE 18 AT TIME OF REGISTRATION.

I, AS PARENT/GUARDIAN DO HEREBY CERTIFY THAT I HAVE LEGAL RESPONSIBILITY FOR THE PARTICIPANT AND I AGREE AND CONSENT TO HIS/HER RELEASE AS PROVIDED ABOVE OF ALL THE RELEASEES, AND, FOR MYSELF, MY HEIRS, ASSIGNS, AND NEXT OF KIN, I RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM ANY AND ALL LIABILITIES INCIDENT TO MY MINOR CHILD'S OR WARD'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.

My electronic signature (typed legal First and Last name followed by the typed date) is the legally binding equivalent to my handwritten signature. My electronic signature has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

Parent/Guardian's Signature *

[Clear](#)

SAMPLE

Parent/Guardian's Name *

First Name

Last Name

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Emergency Phone Number 1 *

 -

Area Code

Phone Number

Emergency Phone Number 2

 -

Area Code

Phone Number