

**CLARKSVILLE AREA KAYAK FISHING GROUP ANGERS PARTICIPANT RELEASE OF LIABILITY  
READ BEFORE SIGNING!**

In consideration for permission to voluntarily participate in tournaments, events, programs, and related activities conducted by the **CLARKSVILLE AREA KAYAK FISHING GROUP**, (commonly known as **CAKFG**) either jointly or separately, I acknowledge, appreciate, and agree that: Fishing is a dangerous activity.

Using kayaks, canoes, and other watercraft is dangerous.

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, I have been advised by **CAKFG** and have had the opportunity to seek legal counsel with respect to the legal effect of this document; and,

I KNOWINGLY AND FREELY ASSUME ALL RISKS REFERRED TO ABOVE, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE CLARKSVILLE AREA KAYAK FISHING GROUP, THEIR OFFICERS, VOLUNTEERS, OFFICIALS, DIRECTORS, 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,

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,

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.

I agree to submit, by signature on this document, to a polygraph or voice stress analysis examination if determined necessary for a CAKFG official. Truth verification test(s) will be used at CAKFG's sole discretion, and administered by CAKFG or its agents as necessary. I understand that failure to pass the examination as determined by CAKFG will result in disqualification.

Having fully acquainted myself with the tournament rules, I have completed this application and submit it for my entry into CAKFG events. In signing this application, and by my presence at the event, I hereby agree to be bound by and comply with all tournament rules, participant release of liability and safety regulations.

I expressly assume all risks associated with the tournament and I hereby release Clarksville Area Kayak Fishing Group, (CAKFG), its affiliates, and all their respective officers, directors, agents, employees, and the tournament hosts, tournament sponsors and tournament officials from all claims of death, injury and\or property damage incurred in connection with this tournament.

I hereby wave my rights of privacy or publicity with regard to the unconditional right to use my name, voice, photographic likeness, video and biographical information and fishing tips and instructions in connection with any reproduction of same, video\audio productions and\or articles and press releases by CAKFG, their parent or affiliate companies, and those acting under their permission, anywhere at any time, through any medium or media.

I shall not be entitled to receive any royalties or other compensation in connection with such use. I further understand and agree that the tournament officials reserve the right to reject my application for any reason whatsoever.

The Participant signifies by his/her signature below that they have read and understands the foregoing provisions.

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 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 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 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.

**Parent Information:**

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

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

Today's Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_