



3rd Annual CCA PEACE RIVER YOUTH FISHING CLINIC

REGISTRATION FORM

Parent/Guardian Name(s): _____

Angler's Name(s) and Age(s): _____

Address: _____

City, State, Zip: _____

Email: _____

I authorize my child/children, named above, to participate in the CCA Peace River Youth Fishing Clinic scheduled for April, 11, 2015. I understand, acknowledge and appreciate the risks, potential injuries and dangers involved in the participation in such contests and the shoreline/waterways upon which it is to be held; including but not limited to drowning, being hurt by sharp objects and by the actions of others. After due consideration of these risks, I on behalf of myself and my child assume all risks of injury and damage incident to such activities which are sponsored by Coastal Conservation Association Florida.

In consideration of the privilege of participating in the related activities, I do hereby release, discharge and hold harmless the Coastal Conservation Association Florida its volunteers, officers, agents, representatives, employees, the other participants from all claims, demands, actions and cause of action of any sort, for any and all injuries that may be sustained by me. I understand this is a full and complete waiver and release of all liability and responsibility.

I agree to be responsible for my medical care that may be related to any such injury and that are not otherwise covered by insurance.

Date: April, 11, 2015

Signature

Name Printed