

****PLEASE FILL OUT AND SIGN. EMAIL TO CARELUNKER@GMAIL.COM****

**Care Lunker Classic Bass Fishing Tournament
Release of Liability and Assumption of Risk Agreement**

Event Date: June 14, 2025

Location: Hubbard Creek Reservoir, Breckenridge, Texas 76424

Participant Name: _____

Team Partner (if applicable): _____

Phone: _____ **Email:** _____

WAIVER & RELEASE:

In consideration of being allowed to participate in the Care Lunker Classic Bass Fishing Tournament (the "Event"), I acknowledge and agree to the following:

1. Voluntary Participation & Assumption of Risk:

I acknowledge that participating in a bass fishing tournament involves inherent risks, including but not limited to: water-related accidents, weather conditions, equipment failure, personal injury, or death. I voluntarily assume all risks associated with participation in the Event.

2. Release of Liability:

I, for myself and my heirs, assigns, personal representatives, or next of kin, **hereby release, waive, and discharge** Good Night LLC, Care Lunker Classic, its organizers, volunteers, sponsors, and affiliates from any and all liability for claims, demands, losses, or damages on account of injury, death, or property damage arising out of or relating to my participation in this Event.

3. Compliance with Rules:

I agree to abide by all tournament rules and regulations as outlined by the Care Lunker Classic committee. I understand that failure to do so may result in disqualification.

4. Medical Treatment:

I authorize the Event organizers to secure emergency medical treatment for me if necessary. I understand that I am solely responsible for all medical expenses incurred.

5. Photography/Media Release:

I grant permission to the Care Lunker Classic to use my likeness in photographs, videos, or other media for promotional or informational purposes without compensation.

6. Alcohol and Drugs:

I understand that the use or possession of alcohol or illegal drugs during tournament hours is strictly prohibited and will result in immediate disqualification.

SIGNATURES

Participant Signature: _____ **Date:** _____

Team Partner Signature (if applicable): _____ **Date:** _____

Parent/Guardian Signature (if under 18): _____ **Date:** _____