

Registration for Controllers

Please print clearly

Name: _____

Mailing Address: _____

City _____ State _____ Zip _____

Email: _____

Phone: _____ Cell: _____ Other _____

Do you have previous experience as a Controller? YES NO

Do you have waders and wading boots? YES NO

Are you willing and able to wade across the river? YES NO

Will you familiarize yourself with the rules? YES NO

Can you bring a watch or some time keeping device? YES NO

Will you attend a pre-event controller training class? YES NO

There will be at least 2 training sessions available prior to the event.

Approximately 2-3 hours. 1 training session will be required for first time Controllers.

Controllers will be assigned to an individual competitor for each 3 hour session. Controllers will be issued a fish measuring tube, clip board, and scoring sheet. Controllers will return these items to the Sector Judge daily. Controllers will provide time keeping of the session and time updates to the competitor. Controllers will measure and release the fish in the safest manner possible and record the information on the Scoring Sheet. The daily time commitment will be very early to early evening for 3 fishing days (August 26-28, 2009). Controllers must be able to transport themselves daily to a central meeting point for a briefing and individual beat assignments. Controllers will need to bring waders and be able to cross the stream.

Do you understand the above commitment? YES NO

Please check your available dates for Controlling for TAC:

August 26th-28th 2009 Wed-Fri YES NO

Or what days can you Control?

August 26th 2009 Wednesday YES NO

August 27th 2009 Thursday YES NO

August 28th 2009 Friday YES NO



Please complete and sign this Registration, along with the Event Release and Participation Form and return to John Knight.

Participant Signature _____ Date _____

FAX Back to 970-748-3165

Contact John Knight jknight@theamericacup.com for Controller questions.

Jodi Knight will contact all Controllers with the logistics.

All Controllers will be contacted via email with updated information as we near the event.



Release of Liability and Participation Form

I, and my heirs, in consideration of my participation in The America Cup International Fly Fishing Tournament on August 22-28th 2009, at All event venues (on water and off) hereby release The America Cup Fly Fishing Tournament, LLC, the Event Committee, it's managers, employees and agents, and any other people officially connected with this event, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money, which might occur while participating in this event. Specifically, I release said persons from any liability or responsibility for my physical condition, for the condition or selection of event venues and for the presence or actions of any other participants. I am aware of the risks of participation, which include, but are not limited to, the possibility of drowning, fly fishing injuries or wading or boating related injuries. I hereby state that I am in sufficient physical condition to accept a rigorous level of physical activity. I understand that participation in this program is strictly voluntary and I freely chose to participate. I understand that The America Cup Fly Fishing Tournament, LLC does not provide medical coverage for me. I verify that I will be responsible for any medical costs I incur as a result of my participation.

I hereby give The America Cup Fly Fishing Tournament, LLC permission to take photographs of me or photographs in which I may be involved with others for the purpose of promoting The America Cup Fly Fishing Tournament, LLC and its Sponsors. I hereby release and discharge The America Cup Fly Fishing Tournament, LLC and any all of the Event Sponsors from any and all claims arising out of use of the photos. I am above the age of 18. I have read the foregoing document and fully understand its contents. If under 18 a parent or guardian must sign.

(Participant PRINT NAME)

(Parent /Guardian PRINT NAME)

(Participant SIGNATURE)

(Parent /Guardian SIGNATURE)

(Date)

(Date)

Thank you

FAX Back to 970-748-3165

The America Cup