



## Release of Liability and Participation Form

I, and my heirs, in consideration of my participation in The America Cup International Fly Fishing Tournament, LLC on September 17<sup>th</sup>, 18<sup>th</sup>, 19<sup>th</sup>, 2010, 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