

YATES CENTER LAKE FISHING DERBY
REGISTRATION FORM

NAME: _____

ADDRESS: _____

AGE: _____ TELEPHONE NUMBER: _____

EMERGENCY CONTACT: _____

EMERGENCY TELEPHONE NUMBER: _____



CITY OF YATES CENTER
RELEASE OF ALL CLAIMS

RELEASE made _____, 20__ by _____
(parent/guardian)

for _____
(name of child)

I grant permission for my child to participate in the Hooked on Fishing, Not on Drugs Fishing Derby on _____(date). I hereby release the City of Yates Center, its agents and employees from all actions, causes of action, damages, claims or demands which I, my heirs, executors, administrators or assigns may have against the City of Yates Center, and other above described parties, for all personal injuries known or unknown which _____

(name of child)

has or may incur by participating in the above-described activity.

I, the undersigned, have read this Release and understand all its terms, and I execute it voluntarily and with full knowledge of its significance.

(parent/guardian)