

YATES CENTER LAKE FISHING DERBY  
REGISTRATION FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

AGE: \_\_\_\_\_ DOB \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

EMERGENCY TELEPHONE NUMBER: \_\_\_\_\_

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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)