

KBFN Youth Tournament Entry Form

Tournament Lake/Ramp _____ Tournament Date/Time _____

Name _____ DOB _____

Age on December 31, 2010 _____ Circle one 11-
14 or 15-18 _____

Address _____ Phone _____

BASS# _____ SSN _____ Email _____

Parent/Guardian Name _____ Phone _____

Junior Club Name/Number _____

Adult Boaters Name _____ Phone _____

If Angler has any physical limitation/impairment/need, please explain on the back of this form.

Having acquainted myself with the rules, I have completed this application. In signing this application, I hereby agree to be bound by and comply with all tournament rules and regulations. I expressly assume all risks associated with the tournament and I hereby release KBFN LLC., its parent, affiliated and subsidiary companies, the host, adult boaters, sponsors and tournament officials from all claims of death, injury and/or property damage incurred by me in connection with my participation in this tournament. I hereby waive my rights of privacy or publicity with the regard to the programs of the tournament in which I appear and consent to KBFN, (and its parent, affiliated and subsidiary companies, and those acting under their permission or upon their authority), copyrighting, distributing, televising, publishing and using in any way the audio and visual portions of any television videotape, film and photographs of pictures of me or of interviews, scenes or other sequences in which I may be included, and any reproduction thereof, anywhere at any time through any medium or media for advertising, promotion, trade, television programming or other lawful purpose whatsoever; and I shall not be entitled to receive any royalties or other compensation in connection with such use. I further understand and agree that the Tournament director reserves the right to reject my application for any reason. I am currently a Junior Bassmaster member in good standing with a BASS Federation Nation Junior Bassmaster club and Kansas BASS Federation Nation Chapter. I agree as a qualifier for the Junior KBFN Championship to use during the competition any and all (official) products and equipment so specified and provided by KBFN.

Angler Signature _____ Date _____

I hereby grant permission for _____ to compete in the above tournament and agree to terms, rules, regulations, waivers etc, as set forth on this form.

Parent/Guardian Signature _____ Date _____

Make sure you have filled out this form completely, Make sure you have included a copy of the Adult Boater's insurance. Enclose \$25 check payable to "KBFN Youth Director" **ENTRY MUST BE POSTMARKED AT LEAST FOURTEEN (14) DAYS PRIOR TO EVENT.** Mail to:

Brad VanRietie
KBFN Youth Director
229 N. Martin St.
Iola, KS 66749

Phone 620-365-7998
Cell 620-365-9899
Email bassslasherr@yahoo.com