

FLORIDA DISABLED ANGLERS, INC.
Registration & Release Form

Boater _____ Phone # (____) _____

Cell # (____) _____ E-Mail _____

Address _____ City _____ State _____ Zip _____

Brand of Boat _____ Color _____ Registration # _____

Brand of Engine _____ Engine H.P. _____ Tow Vehicle _____ Color _____

Non- Boater _____ Phone# (____) _____

Cell # (____) _____ E-Mail _____

Address _____ City _____ State _____ Zip _____

Type of Disability _____ Special Remarks or Concerns _____

IN THE EVENT OF AN EMERGENCY PLEASE NOTIFY

NAME: _____ PHONE: _____

Having acquainted myself with the Rules and Regulations of *Florida Disabled Anglers*, I have completed this Registration & Release form and submitted it for my entry into the *Florida Disabled Anglers' Tournament Trial*. In signing this form, I hereby agree to be bound by and comply with all tournament rules and regulations and fishing laws and regulations of the State of Florida. I expressly assume all risks associated with this Tournament Trial and hereby release the PVACF Chapter, *Florida Disabled Anglers, their Officers- Board of Directors, Sponsors, and Tournament Officials* from any and all liability, claims of injury and / or damages incurred in connection with the Tournament Trial. This signed release form applies for the entire year signed and dated below and covers all activities associated with the *Florida Disabled Anglers*.

Signature _____ Date _____

If applicant is a minor, (under age 18) this form must be signed by a parent or legal guardian below.

Signature _____ Date _____

PLEASE COMPLETE THIS FORM, SIGNED & DATED, AND RETURNED TO FLORIDA DISABLED ANGLERS AT THE ADDRESS BELOW OR BRING IT WITH YOU TO A TOURNAMENT.

Sec. Brian Terwilliger 2711 S. Design Court Sanford, Florida 32773
CFPVA Office 407-328-7041 briant@pvacf.org