

2019 Battle of Chickamauga High School Participation Form
(April 27-28, 2019)

Name _____ Cell Phone (____) _____ E-mail address _____

Mailing Address _____ City _____ State _____ Zip _____

Participation Agreement

In signing this agreement, I hereby agree to be bound by and comply with all tournament rules, payment schedules, late fines and regulations. I expressly assume all risks associated with the tournament series and I hereby release CATCH Ministry, Rhea County Economic & Tourism Council, The City of Dayton, and any parent, affiliated and subsidiary companies, CATCH Ministry, the hosts, sponsors and tournament series officials from all claims of death, injury and/or property damage incurred by me in connection with my participation in this tournament series. If using a boat in this event, including official practice, I certify that I now have or will obtain prior to the tournament series, boat owners liability insurance (including coverage for third party property damage and bodily injury) with no "tournament exclusion," having a minimum limit of \$300,000 per occurrence. The insurance must be issued by a reputable insurer rated A or better by A.M. Best and Company. At CATCH Ministry's request, I will provide satisfactory evidence of that insurance.

I hereby agree to waive my rights of privacy or publicity with regard to the programs of the tournament in which I appear and consent to CATCH Ministry (and its parent, affiliated and subsidiary companies, its owners, directors, employees and agents 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 or 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.

P2. CONTENT RIGHTS-Fish Dayton and CATCH Ministry holds the content rights to the tournaments it owns and operates. However CATCH Ministry grants certain exceptions, including the following content rights, to tournament participants:

- Anglers may use up to 10 minutes of video, shot by the angler during a tournament, for promotional or marketing purposes, and in social media
- A competitor is required to comply, even if he already has a personal camera mounted in his boat. Refusing to comply may result in a penalty.

P3. CONTINGENCY PROGRAMS- Contingency programs are sponsor-funded programs developed to reward competitors based on a predefined set of criteria. Participation in contingency programs is at the anglers' discretion.

P4. ADDITIONAL AGREEMENTS-I further understand and agree that the Tournament Director reserves the right to reject my application for any reason and, upon such rejection, to refund the deposit or entry fee.

I am currently a member in good standing with B.A.S.S.

All anglers who elect to participate in B.A.S.S.-sanctioned tournaments will be required to execute a Participation Agreement containing the rules and regulations, code of conduct and tournament series specific content such as wrapped boat and uniform guidelines.

In addition to adhering to the Rules, Code of Conduct and and Uniform requirements presented in this booklet, In addition, to ensure effective and timely communication between CATCH Ministry and the anglers, I understand that I am required to provide CATCH Ministry with a current e-mail address. If I do not have my own e-mail address, I must furnish an e-mail address for a primary contact person. I agree that delivery of an e-mail to my designated contact will constitute delivery to me. I also understand I must provide my personal cell number capable of receiving text messages from CATCH Ministry and Fish Dayton.

Medical Treatment-In connection with any injury I may sustain or illness or other medical conditions I may experience during my participation in or attendance at the event, I authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by the attending medical personnel if I am not able to act on my own behalf. I further authorize the attending medical personnel to execute on my behalf any permissions forms, consents or other appropriate documents relating to medical attention and to act on my behalf if I am not able or immediately available to do so.

Print Name _____ (Parent) Print Name _____

Signature _____ (Parent) Signature _____

Date _____ (Parent) Date _____