



Date: July 27, 2024  
 Event Name:  
 Family Fishing Day At Cove

## INGLESIDE CHAMBER BEST OF THE BAY REGISTRATION FORM

(One form per household)

<b>PARTICIPANT NAME</b> (PLEASE PRINT) PLEASE LIST EACH PERSON SEPARATELY INCLUDING ADULTS AGE/GRADE NOT REQUIRED ON ADULTS		FILL-IN ALL INFORMATION				
		AGE	GRADE	GENDER	Ethnicity AI-American Indian A-Asian B-Black Ha-Hawian/PI H-Hispanic O-Other W-White	Check if Handicapped
1						
2						
3						
4						
5						
6						

### HEAD OF HOUSEHOLD / GROUP LEADER CONTACT INFO:

PRINT NAME \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### LIABILITY & PHOTO RELEASE

As a participant and/or as a parent or guardian of the above named child (or children), I certify that said child (or children) has (have) my permission to attend and participate in the above-mentioned fishing activity, held on the above date, time and location. In signing this form, I hereby waive and release all other participants, the host, sponsors, and all other officials or parties involved in the activity from all claims and/or damage incurred in connection with this activity. I also hereby grant the sponsor and co-sponsors the unconditional right to use the name, voice and photographic likeness of myself or of the child (or children) in connection with any of their audio/visual productions, articles, or press releases, but not as an endorsement.

\_\_\_\_\_  
 Parent or Legal Guardian age 18 or older (Signature) DATE \_\_\_\_\_

