

WAIVER AND RELEASE OF LIABILITY AND PUBLICITY RELEASE
2020 PVA/FIREFIGHTERS FISHING TOURNAMENT
READ BEFORE SIGNING

In consideration of being allowed to participate in the above named tournament, related events and activities, the undersigned acknowledges, appreciates and agrees as follows:

I, _____, hereby release, hold harmless, and forever discharge the Paralyzed Veterans of America North Central Chapter (PVANCC), National PVA, SD Game, Fish & Parks (SD GF&P), Firefighters, Sioux Falls Fire Rescue, all of their officers, directors, members, agents, and/or all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me or any property belonging to me, whether arising from the negligence of any of the RELEASEES, or otherwise, while participating in the above named tournament.

The risk of injury from the activities involved in this tournament could be significant, including the potential for serious bodily injury, including death, and property damage. I am fully aware of the risks and hazards associated with participating in this activity and I voluntarily, without any inducement, elect to participate in the activity. I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, AND ASSUME FULL RESPONSIBILITY FOR ANY PROPERTY DAMAGE, OR ANY PERSONAL INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY ME OR ANY LOSS OR DAMAGE TO PROPERTY OWNED BY ME AS A RESULT OF BEING ENGAGED IN SUCH ACTIVITY.

I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual, significant hazard during my presence or participation, I will remove myself from participating and bring such to the attention of the nearest official immediately.

I hereby consent to medical treatment in the case of emergency. I agree to assume full responsibility for payment of any and all fees incurred as a result of such medical treatment.

This release and hold harmless agreement is binding on myself, my heirs, assigns, personal representatives, administrators, and next of kin.

I hereby voluntarily and without compensation authorize pictures and/or voice recording(s) to be made of me by, or on behalf of NCCPVA, National PVA, and SD GF&P during the above named tournament. I authorize NCCPVA, National PVA, SD GF&P to publicize and/or display such photographs and recording, or to provide such photographs and records to others of their choosing for display, without notice, or payment of any royalty, fee or other compensation of any character to me for the use of my picture and/or voice.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Signature _____

Date _____

Printed Name _____

FOR PARTICIPANTS UNDER THE AGE OF 18

This is to certify that I, _____ the undersigned, am the _____ (parent and natural guardian or legal guardian) of _____.

I acknowledge that I have read and understand the above document and am fully aware of the legal consequences of signing this instrument. I hereby represent that I am, in fact, acting in such capacity and agree to save and hold harmless and indemnify each of the above RELEASEES from any and all liability, loss, cost, claim or damage whatsoever (including reasonable attorney's fees) that may be imposed upon them because of any defect in or lack of such capacity to so act, on behalf of my child's release as provided above of all the RELEASEES, and for myself, my heirs, assigns, personal representatives and next of kin, I release and agree to indemnify and hold harmless the RELEASEES from any and all liabilities incident to my minor child's involvement or participation in this tournament as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

I hereby give permission for the staff of the RELEASEES to seek, during the period of the program, emergency medical attention for my child, and for the medical attention to be given in the event of accident, injury or illness. I agree to bear the full responsibility for the cost of such care.

Parent/Guardian Signature _____

Date _____

Emergency Telephone Number _____

Child's Date of Birth _____

Child's Insurance Co. _____

Policy No. _____

18th ANNUAL
PVA/FIREFIGHTERS
JOEL NIEMEYER MEMORIAL
“GONE FISHING” EVENT

The Paralyzed Veterans of America North Central Chapter/Firefighters are hosting the 17th Annual Walleye Fishing Event in Chamberlain, SD on May 21-22, 2020. There is no entry fee for Firefighters/Volunteers, PVA North Central Chapter members and disabled anglers who would like to participate in this event. This event will be limited to the first 40 disabled anglers who respond. All participants must have a valid South Dakota Fishing License.

Name _____ Phone Number () _____

Address _____

City _____ State _____ Zip _____

Emergency Contact Name: _____ Phone () _____

I will be accompanied by/room with: _____

Disabled Anglers:

Will a spouse/friend accompany you on the boat? _____ Yes _____ No

Do you need fishing equipment? (rod & reel, tackle, etc.) _____ Yes _____ No

Please specify what size shirt you need (circle one): 4x 3x 2x XL L M S

We will have rooms reserved **only** at the Arrowwood Cedar Shore Resort. Additional rooms will be at the AmericInn. The PVA North Central Chapter will cover the cost of Thursday, May 21st only. **Any additional nights you wish to stay will be at your own expense.**

Lodging: *Please indicate below the nights you plan on staying. **Please do not contact the Hotel to make your reservations as we will take care of this.*** A confirmation letter will be sent to you with your hotel information.

I will need a room for the night(s) of:

_____ *Wednesday May 20th*

_____ *Thursday May 21st (Chapter pays)*

Check One:

Accessible/Single

Accessible/Double

Double/Double

Do you need transportation: Yes _____ No _____

**** (Transportation will be provided by IMED Mobility)**

Partner parking will be made Thursday morning.

Return applications to PVA North Central Chapter, 209 N. Garfield, Sioux Falls, SD 57104 or for more information call the Chapter office at 1-605-336-0494 or 800-505-4782.

Complete Waiver on Reverse Side