

Carolina "Fishers of Men" Inshore Trail

2017 Liability & Release Form

****PLEASE PRINT CLEARLY****

Participant's Name (Print first and last name): _____

E-mail _____

Phone (cell): _____ (other) _____

Address: _____

Emergency Contact (print name): _____

Emergency Contact Phone Number: _____

TO PARTICIPATE IN CAROLINA "FISHERS OF MEN" INSHORE TRAIL (CFMIT) EVENTS, I HEREBY AGREE TO THE FOLLOWING:

1. To abide by the tournament rules as set forth by the Carolina "Fishers of Men" Inshore Trail at all times during the duration of any tournament during this calendar year.
2. To ensure that my vessel meets or exceeds all safety requirements set forth by the U.S. Coast Guard.
3. To abide by all final decisions of the Trail's Officers and/or Advisory Committee Members.
4. Carolina "Fishers of Men" Inshore Trail directors, officers or advisors assume no responsibility or liability for my safety, my vessel, my equipment, my crew/team members or my actions. Therefore I release all those mentioned and agree that they have no liability for any issues that may arise in my participation in this trail.
5. Please print and bring this completed form with you to the first tournament you participate in.

PARTICIPANT'S SIGNATURE _____ **DATE** _____