

CANADA/US WALLEYE

PRE REGISTRATION FORM

MAY 24 + 25, 2025 | BOBCAYGEON



ANGLER

Name :
 Address :
 Phone :
 Email :
 Fish Lic.#:

CO-ANGLER

Name :
 Address :
 Phone :
 Email :
 Fish Lic.#:

BOAT INFO

Boat/YR :
 Motor/YR :
 Insurance :
 Policy # :

SIGNATURE

Angler :
 Date :
 Co-A :
 Date :

TERMS & CONDITIONS

PARTICIPANT RELEASE OF LIABILITY

In consideration for permission to voluntarily participate in tournaments, events, programs and related activities conducted by the CSFL, I acknowledge, appreciate and agree that:

1. The risk of injury, disability, death, loss or damage to my person or property from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious unjust does exist.
2. I have been advised by the CSFL, and have had the opportunity to seek legal counsel with respect to the legal effect of this document.
3. I KNOWINGLY AND FREELY ASSUME ALL RISKS REFERRED TO ABOVE, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF CSFL, ITS OFFICERS, OFFICIALS, DIRECTORS AND/OR EMPLOYEES, OTHER PARTICIPANTS, AND SPONSORING AGENCIES, SPONSORS, ADVERTISERS, AND IF APPLICABLE, OWNERS AND LESSORS OF PREMISES AND PROPERTY USED TO CONDUCT THE EVENT ("RELEASEES") OR OTHERS, AND ASSUME FULL RESPONSIBILITY FOR RISKS ARISING FROM MY PARTICIPATION.
4. I agree to monitor weather and water conditions for participation and assume full responsibility to remove myself from hazards that may arise.
5. I willingly agree to comply with the terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the immediate attention of the nearest official.
6. I, FOR MYSELF AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS RELEASES, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OF DAMAGE TO PERSON OR PROPERTY, WHICH I SUFFER OR WHICH I AM FOUND TO HAVE CAUSED IN WHOLE OR IN PART BY MY NEGLIGENCE OR INTENTIONAL MISCONDUCT, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES, OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.
7. I agree to submit to a truth verification test administered by CSFL and understand that failure to pass the examination as determined by CSFL will result in disqualification.
8. I have read and am familiar with the rules and regulations. In signing the application I hereby agree to hold harmless all contestants, tournament officials, parks, property owners, sponsors and organizers from bodily injury or any damages incurred in connection with these events. I am also aware that these events are filmed for future television programming and photography for magazine and media and hereby permit the use of video and photography obtained by the CSFL of myself at no cost.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND THE ATTACHED RULES. I FULLY UNDERSTAND THE TERMS AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS RELEASE, AND SIGN IT FREELY AND VOLUNTARILY



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PAYMENT INFORMATION

CANADA/US WALLEYE ENTRY FEE: \$350.00 PER TEAM + HST
Event Total: \$395.50

MINIMUM DEPOSIT AMOUNT OF \$50.00 REQUIRED

Payment must be submitted by Sunday, June 30.

If teams have not submitted payment their registration will be voided.

PAYMENT OPTIONS: Credit Card, Cheque and/or E-Transfer

Payment by E-Transfer: victoria@csfl.ca

No password required, auto-deposit is set to the account.

Please include your name in the message of your e-transfer!

Payment by Cheque:

Please make cheque payable to: CSFL

Mail Cheque: 215 Loretta Crescent, Stouffville, ON L4A 1H4

PAYMENT BY CREDIT CARD

DEPOSIT FULL PAYMENT

VISA MASTERCARD AMERICAN EXPRESS

NAME ON CARD: _____ **CVV:** _____

CARD NUMBER: _____ **EXP:** _____

SIGNATURE: _____

RECEIPT EMAIL: _____

