



# Bill Poole Memorial Angling Tournament

July 10 '10  
July 11 '10



## Entry Form

- Yes, I would like to participate in the Bill Poole Memorial Angling Tournament to benefit Hubbs-SeaWorld Research Institute (please fill out one entry form per angler).

Angler \_\_\_\_\_ Email \_\_\_\_\_ Shirt size \_\_\_\_\_ Age\* \_\_\_\_\_

Entry fee is \$50 per adult angler and \$25 per junior angler under 16 years of age (no entry will be accepted without payment). \*If angler is a junior, please be sure to indicate age. **Total Entry Fee: \$\_\_\_\_\_**

- I would like to purchase tickets to the Awards BBQ at \$25 per person 12 and over (\$30 day of the event) and \$10 per child from 7 to 11 (\$15 day of the event).

Number of guests 12+ attending \_\_\_\_\_ at \$25/person. Number of children 7 to 11 attending \_\_\_\_\_ at \$10/child.

**For a total of \$\_\_\_\_\_** (kids 6 and under are free)

- I cannot attend but would like to buy \_\_\_\_\_ raffle tickets at \$5 each for a total of \$\_\_\_\_\_
- I cannot participate but would like to make a 100% tax-deductible contribution of \$\_\_\_\_\_
- I would like a little more information. Please have someone call me at \_\_\_\_\_

**Total Payment Enclosed \$\_\_\_\_\_**

### PAYMENT INFORMATION

- Enclosed is a check payable to HSWRI. **Tax ID: 95-2304740**
- Please charge \$\_\_\_\_\_ to  Amex  MasterCard  Visa

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone/Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Please return this form to: HSWRI, 2595 Ingraham Street, San Diego, CA 92109 or Fax to **619-226-3944**. To access this form electronically go to: [www.hswri.org](http://www.hswri.org). For more information call: 619-226-3881.

### Release and Waiver

I, \_\_\_\_\_, and on behalf of my heirs, executors, administrators, legal representatives, assigns and beneficiaries hereby acknowledge that I have voluntarily chosen HSWRI. I know and fully understand that the Tournament in its entirety, or parts of it, may include activities with risks, dangers and hazards, both known and unknown, where serious accident can occur, participants can sustain physical injuries, damage to their property, and even die. Furthermore, I understand that the Tournament may involve physical activities which are off of HSWRI's premises and are unsupervised by HSWRI. With full knowledge and understanding of the above, I have chosen to participate in this Tournament and accept the potential risks involved.

In consideration for HSWRI allowing me to choose and participate in the Tournament, I voluntarily agree to release, waive, discharge, and hold harmless HSWRI, its Board of Trustees, officers, employees, directors, interns, landlords, landowners, tenant, volunteers, and agents from any and all claims of liability arising out of their negligence, or any other act or omission which causes illness, injury, death and damages of any nature in any way connected with this Program. I voluntarily and expressly assume all risks and dangers of involvement in the Program. I have read and understand the rules regulating this Tournament.

I have read this release and waiver carefully and fully understand the rules regulating this Tournament, that I have given up substantial rights by signing it, and have done so freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law, and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

*(if participant is under 18)*