



# Entry Form

**FISHING TOURNAMENT:** 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 \_\_\_\_\_ Age\* \_\_\_\_\_

**Entry fee is \$50 per adult angler and \$25 per junior angler under 16 years of age** and includes admission to the Awards BBQ, a one-month membership to Sea Tow (commencing on July 29, 2011), a life jacket rental for the day of the event and a Captain's goody bag (a total additional value of \$50). Tournament hats are an extra \$15. No entry will be accepted without payment and signature on waiver. If angler is a junior, please be sure to indicate age.

**Total Entry Fee \$** \_\_\_\_\_

**2011 Bill Poole Memorial Angling Tournament Hat:** I would like to purchase \_\_\_\_ @ \$15 each for a total of \$ \_\_\_\_\_

**AWARDS BBQ:** 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.

**Total Awards BBQ \$** \_\_\_\_\_ (children 6 and under are free)

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 # \_\_\_\_\_ 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 or Email to [kterra@hswri.org](mailto:kterra@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. I am aware that photographs of me and/or my family may be taken at the Awards BBQ and may be posted to a web site, Facebook page or other event materials.

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)