

**FLORIDA DISABLED ANGLERS, INC.
Annual Registration & Release Form**

BOATER First Name _____ Initial _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone # (_____) _____ Cell # (_____) _____

Pager # (_____) _____ E-Mail Address _____

Brand of Boat _____ Color _____ Registration # _____

Brand of Engine _____ Engine H.P. _____ Tow Vehicle _____ Color _____

NON-BOATER First Name _____ Initial _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone # (_____) _____ Cell # (_____) _____

Pager # (_____) _____ E-Mail Address _____

Type of Disability _____

Special Remarks or Concerns: _____

IN THE EVENT OF AN EMERGENCY PLEASE NOTIFY

Name _____

Phone # (_____) _____ - _____

Having acquainted myself with the Rules and Regulations of *Florida Disabled Anglers, Inc.*, I have completed this Registration & Release form and submitted it for my entry into the *Florida Disabled Anglers'* Tournament Trail. In signing this form, I hereby agree to be bound by and comply with all tournament rules and regulations and the fishing laws and regulations of the state of Florida. I expressly assume all risks associated with this Tournament Trail and hereby release *Florida Disabled Anglers, Inc.*, its *Officers, Board of Directors, Sponsors, and Tournament Officials* from any and all liability, claims of injury and / or damages incurred in connection with the Tournament Trail. This signed release form applies for the entire year dated below and covers all activities associated with *Florida Disabled Anglers, Inc.*

Signature _____ Date _____

If the applicant is a minor, (under age 18), this form must be signed by a parent or legal guardian below.

Signature _____ Date _____

Please complete this form, signed and dated, and bring it with you to your first tournament or mail to Florida Disabled Anglers, 2711 S. Design Court, Sanford FL 32773