

# OFFICIAL ENTRY FORM FOR THE ICARE BUDDY BASS TOURNAMENT

We, the undersigned, have read and understand the rules and have signed the completed application to enter the “4th ANNUAL ICARE BUDDY BASS TOURNAMENT”. In consideration of the acceptance of this entry, we, the undersigned, assume full and complete responsibility for any injury or accident which may occur in route to and from, or during participation in the “4th ANNUAL ICARE BUDDY BASS TOURNAMENT”, or while on the premises of the event, and hereby release and hold harmless the sponsors, promoters and all other persons and entities associated with this event any and all injury or damages, whether it is caused by negligence of the sponsors or promoters, or other persons or entities associated with this event or their agents or employees or otherwise. Entry constitutes permission to use winner’s names and photos for publicity purposes. Receipt date of entry determines starting position. Fees are non-refundable.

Boater Name _____	Non Boater _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Phone _____	Phone _____
Email _____	email _____
Signature _____	Signature _____
DATE _____	DATE _____

MAIL ENTRY TO: ICARE, P.O. BOX 1062, MELBOURNE AR 72556 OR RAMP ENTRY