

Official Entry Form
1ST ANNUAL WATER CRANIVAL WALLEYE TOURNEMENT (WCWT)
SUNDAY JUNE 15TH 2025 7AM-12PM 6:15AM RULES MEETING

Captain

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Fishing Partner #1

Fishing Partner #2

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

By entering the WCWT, I agree to follow the rules and I also in consideration of being allowed to participate in the 1st annual WCWT on June 15th 2025, I hereby release and discharge Jake Arlt and any and all other parties or entries from any and all claims, demands, grievances and cause of action whatsoever and including, but without limitation of the foregoing, all liability for damages of every kind, nature or description including theft or damage to my equipment or the equipment or I use which may arise as a result of my participation of the 1st annual WCWT.

I have signed this release this _____ day of _____ 2023

Captain Signature _____

Partner(s) Signature _____

ALL ENTRIES MUST BE PAID BEFORE RULES MEETING. VENMO @JAKE-ARLT OR CHECKS ALSO. PLEASE REACH OUT TO JAKE ARLT 320-583-4107 BEFORE PAYING. NO REFUNDS UNLESS GRANTED BY THE WCWT BOARD.

Waiver of Liability, Indemnification and Medical Release
(For use by adults during Special Events and Activities)

I am aware of the dangers involved in participating in the 1st Annual WCWT on June 15th, 2025.

On behalf of myself, my executors, administrators, heirs, next of kin, successors and assigns, I hereby:

A: Waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me and my estate, the State of South Dakota, and its officers, agencies and employees; and

B: Indemnify and hold harmless that State of Minnesota, and officers, agents, and employees from and against any and all liabilities and claims made by other individuals or entities as a result of any of my actions during this activity or event.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident or illness during this activity or event.

The release and waiver shall be constructed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I, the undersigned participate, acknowledge that I have read and understand the above release.

Name: _____ Age: _____

Signature _____ Date _____

Name: _____ Age: _____

Signature _____ Date _____

PLEASE EMAIL TO JAKEARLT15@GMAIL.COM ONCE SIGNED.