

**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 at 110 Lake Minnie Drive, Sanford, Florida 32773