

Linwood Friends of Recreation's 13th Annual

Youth Fishing Derby

KIDS FISHING DERBY



SATURDAY, JUNE 15, 2024

**LUMEN (FORMERLY WATEREST CAMPGROUND)
11 SUGARPLUM LANE, WOODSTOCK**

**TIME: REGISTRATION/CHECK-IN: 9:45AM -
FISH -ALL AGES (15 & UNDER) START TIME: 10:30AM
BBQ & AWARDS CEREMONY: 12PM**

**COST: EARLY REGISTRATION \$12.00 PER CHILD OR \$30.00 PER FAMILY-
DAY OF THE EVENT \$15.00 PER CHILD OR \$40.00 PER FAMILY**

BY REGISTERING, I ACKNOWLEDGE MY ADHERENCE TO THE FOLLOWING DERBY RULES:

1. I MUST CHECK IN AND RECEIVE A TAG NUMBER PRIOR TO FISHING.
2. I WILL NOT FISH IN AREAS LABELED NO FISHING.
3. I UNDERSTAND THAT ALL DERBY FISH MUST BE CAUGHT USING A ROD AND REEL FROM THE BANKS OF THE POND.
4. I UNDERSTAND THAT DERBY FISH MUST BE REELED IN BY YOUTH AGES 15 & UNDER.
5. I UNDERSTAND THAT ALL YOUTH PARTICIPANTS MUST BE ACCOMPANIED BY AN ADULT.
6. I UNDERSTAND THAT I MUST PROVIDE MY OWN FISHING ROD AND REEL.
7. I UNDERSTAND THAT NO RENTAL EQUIPMENT WILL BE AVAILABLE.
8. I UNDERSTAND THAT FISH MUST BE BROUGHT TO AN EVENT VOLUNTEER FOR MEASURING IMMEDIATELY AFTER BEING CAUGHT.

LIABILITY WAIVER

I, THE UNDERSIGNED (AS PER MY SIGNATURE BELOW) BY REGISTERING, MYSELF OR MY CHILD, OR MY WARD IN THE NAMED PROGRAM ON THIS REGISTRATION FORM, UNDERSTAND THE NATURE AND RISK ASSOCIATED WITH PARTICIPATION IN THIS ACTIVITY. I HEREBY GRANT MY CHILD, OR MY WARD PERMISSION TO PARTICIPATE. I AM AWARE THAT THE ACTIVITY, EQUIPMENT, AND FACILITIES MAY POSE SIGNIFICANT RISK OF INJURY. I AM ALSO AWARE THAT EACH PARTICIPANT IS RESPONSIBLE FOR THEIR OWN SAFETY. I HEREBY GRANT FOR MYSELF, MY HEIRS, EXECUTORS, OR ADMINISTRATORS; WAIVE AND RELEASE ANY AND ALL CLAIMS OF DAMAGE WE EVER HAD, OR NOW HAVE AGAINST THE LINWOOD FRIENDS OF RECREATION AND LUMEN, THEIR SUCCESSORS AND ASSIGNS, EMPLOYEES, AGENTS AND REPRESENTATIVES FOR ANY AND ALL KINDS OF INJURY, INCLUDING BUT NOT LIMITED TO PERSONAL AND/OR PROPERTY DAMAGE SUFFERED BY MY CHILD, OR MYSELF, WHILE PARTICIPATING IN THE ACTIVITY. IN THE EVENT OF A MEDICAL EMERGENCY, I CONSENT TO THE PARTICIPANT'S TREATMENT BY A MEDICAL DOCTOR AND I AGREE TO PAY ALL COSTS ASSOCIATED WITH SAID TREATMENT, INCLUDING TRANSPORTATION TO A MEDICAL FACILITY. I, THE UNDERSIGNED (AS PER MY SIGNATURE BELOW) BY REGISTERING MYSELF OR MY CHILD IN THIS PROGRAM, AGREE TO ALL PUBLICATIONS OF ANY PHOTOS TAKEN OF MYSELF OR MY CHILD AT ANY LINWOOD FRIENDS OF RECREATION EVENT.

NAME (YOUTH PARTICIPANT): _____ SIGNATURE OF PARENT/GUARDIAN _____

STREET ADDRESS: _____ PRINT NAME OF PARENT/GUARDIAN: _____

TOWN: _____ AGE: _____ DATE: _____

PHONE NUMBER : _____

