

Student Form (print each item)

Fall 2019 – Spring 2020

Full Name _____
 School _____ Grade _____
 Address _____ Zip Code _____
 Cell _____
 Parent # _____
 Email _____
 Birth _____ Age of March 1, 2020 _____

I release and waive all claims against the Student Angler League Tournament Trail, it’s director Rayburn Poston, the individual members thereof, all employees, representatives, and all agents thereof, from and against any claim which I, any other parent or guardian, any sibling, student or other person may claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries' arising out of, during or in connection with my child's participation in the school-sponsored program or the rendering of medical procedures or treatment for any injuries sustained during the program.

Having fully acquainted myself with the rules and guidelines which are posted on www.salttfishing.com, I and my parents or legal guardians, have completed this event waiver and release application and submit it for my participation into all SALTT events. In signing this application, and by my/our presence as the event, I/we hereby agree to be bound and comply with all event rules and safety regulations. I/we expressly assume all risks associated with the events and I/we hereby release The Student Angler League, their licensees and affiliates, and all their respective officers, directors, agents, employees, and stockholders, the tournament hosts, sponsors and tournament officials from all claims of death, injury and/or property damage incurred in connection with any of their events that I attend. I hereby waive my rights of privacy or publicity with regard to the unconditional right to use my name, voice, photographic likeness, video and biographical information and fishing tips and instruction in connection with their parent or affiliate companies, and those acting under their permission, anywhere at any time, through any medium or media. I/we shall not be entitled to receive any royalties or other compensation in connection with such use. I/we further understand and agree that the officials reserve the right to reject my application for any reason.

Student’s Signature _____

As the parent and legal guardian of the above named angler, I fully understand an hereby agree to the same Rules, Terms and Conditions and the Waiver and Release of Liability contained above, I give my permission for the above named angler to join the Student Angler League Tournament Trail and compete in the associated events. Also, In the event my son/daughter becomes ill or is injured while participating in any Student Angler League Tournament Trail event, I hereby give my consent to SALTT officials or their designees, its board members and officers to authorize the administration of any emergency, medical or dental treatment deemed necessary by a licensed physician or dentist and the transfer of a child to a hospital, clinic or office to obtain treatment. It is understood that reasonable attempts will be made to contact the parents or guardians at the number listed below prior to administration if reasonably possible. The following questions will help us to be prepared for your child.

Check here if you:

- _____ Give consent for the above emergency treatment.
- _____ DO NOT give consent for the above emergency treatment.

Parent’s or Guardian’s Signature _____

Date _____