

# 6<sup>th</sup> ANNUAL WALLEYE WARRIOR 24 HOUR ICE FISHING MARATHON



## Day Registration Form 2010 February 27<sup>th</sup>, 2010 10:00am- 6:00pm

**Entry Fee: Minimum \$20.00 Pledge Collection**

**Please Print:**

First/ last Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Prov/State \_\_\_\_\_ Postal /Zip Code \_\_\_\_\_

E-mail \_\_\_\_\_ Phone Number (Evening) \_\_\_\_\_

**INFORMATION:**

- ♣ For more information call 878-3989 or 787-1800
- ♣ Send Entry Forms To: Walleye Warrior Committee

24 Belanger Drive  
Lorette, Manitoba R0A 0Y0  
Fax #: 878-2591

**NOTE: ALL PARTICIPANTS PRESENT ON THE EVENT SITE MUST BE REGISTERED!**

### Waiver and Release Form

I understand that ice fishing can be a potentially hazardous activity and I should not participate unless I am medically fit and properly dressed. I realize there may be adverse weather conditions, slippery ice conditions and ice fishing holes that can be stepped in. I nevertheless wish to participate and assume any and all risk associated with this event, including but not limited to falls, contact with other participants, effects of weather, falling through the ice or tripping over an unused ice hole, all such risks I acknowledge and understand. Knowing these facts in consideration of your accepting my entry, I hereby for myself or for anyone else who may claim on my behalf, agree not to sue, and waive, release and discharge all persons participating in the operation of this event including without limitation WalleyeWarrior.com, Looneybeaver.com, CancerCare Manitoba Foundation, City of Selkirk and any and all organizers, sponsors and participating organizations, their personnel, whether volunteer or otherwise, and anyone acting on their behalf (the Releases) for any and all claims, demands, causes of action, damages or injuries, whether caused by the negligence of the Releases, or by any other cause, which may arise as a result of, or out of my participation in this event. I also indemnify and hold harmless the Releases from any liability by them and caused by myself. I attest that I am fit and sufficiently attired for this event. I hereby grant permission for the use of my likeness participating in this event without obligation or compensation to me. As part of the Waiver and Release, I acknowledge that I have read and understand all of the above.

I acknowledge that photographs will be taken during the event and further recognize that media may be present who may chose to use these photographs publicly. I consent to have my photographs publicly used following the event as may become necessary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Under 18 Signature of Parent or Guardian

***HOOK ON TO OUR LINE ~ AND SHOW YOUR SUPPORT!***

***In Memory of Brian LeClair***

*Proceeds donated to CancerCare Manitoba in Support of Pediatrics*

[www.walleyewarriormarathon.com](http://www.walleyewarriormarathon.com)

**PRIVACY POLICY:** THE WALLEYE WARRIOR COMMITTEE, AND THE CANCERCARE MANITOBA FOUNDATION GUARANTEE THAT WE DO NOT UNDER ANY CIRCUMSTANCES SELL, TRADE OR RELEASE OUR MAILING LISTS. YOUR NAME CAN BE REMOVED FROM THE MAILING LIST BY WRITTEN REQUEST.