MINOR CONSENT FORM / AMERICAN BASS ANGLERS

Age if under 18: _____ Date of Birth: _____ Date: _____

PRINT CONTESTANT NAME HERE FOR PARENTS/GUARDIANS OF MINORITY AGE PARTICIPANTS (UNDER AGE 18 AT TIME OF REGISTRATION):

_____

PARTNER'S SIGNATURE:

_____

I, AS PARENT/GUARDIAN, DO HEREBY CERTIFY THAT I HAVE LEGAL RESPONSIBILITY FOR THE PARTICIPANT AND I AGREE AND GIVE MY CONSENT TO HIS/HER RELEASE AS PROVIDED ABOVE OF ALL THE RELEASEES, AND, FOR MYSELF, MY HEIRS, ASSIGNEES, AND NEXT OF KIN, I RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM ANY AND ALL LIABILITIES INCIDENT TO MY MINOR CHILD'S OR WARD'S INVOLVEMENT OR PARTICIPATION IN THESE PROGRAMS AS PROVIDED ABOVE, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, TO THE FULLEST EXTENT PERMITTED BY LAW.

PARENT'S/GUARDIAN'S LEGAL NAME: _____

PARENT'S/GUARDIAN'S SIGNATURE

_____ Date: _____

EMERGENCY PHONE NUMBER(S): _____

Return to:

American Bass Anglers
ABA Member Services Department
Post Office Box 475, Athens, AL 35612
Phone: (256) 232-0406