

PARTICIPATION WAIVER

Thank you for joining us and fishing today!

IGFA and Reeling In - Junior Anglers continue to provide angling education opportunities for children and their families.

Note* Parents or guardians must be present during the entirety of our fishing clinics

Parent/Guardian Name:	
Email:	
Address:	
Child's name/s and age:	
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	Media Release and Hold Harmless
which my child and/or promotion, or advertisi	e right and permission to copyright use, publish, alter and distribute all photographs, videos and/or films in I may be included, taken while participation in an IGFA sanctioned event or in conjunction with any publicity, ng for such attraction. I understand that these photographs, videos, or film footage may be used for publicity motions or for any lawful purpose whatsoever without restrictions and are the sole property of IGFA and Reeling In - Junior Anglers
result of participatin	vill not hold IGFA or Reeling In - Junior Anglers, staff, or volunteers responsible for any injury that occurs as a g in one of our events or any first aid procedure or procedures in which I have consented. I understand the ormation provided herein and testify that the information provided is accurate and true.
Parent/Guardian Name:	
(Please print)	
Parent/Guardian Signature:	

Date: