

Fishing Derby Registration YEAR _____ ENTRY# _____

**Fishing Derby is open to persons 12 years of age and under*

Contact Information

Name	
Address	
Work Phone	
Cell or Home Phone	
E-Mail Address	

Parent Permission

I give my son/daughter permission to participate in The Rising Sun Chamber of Commerce's Fishing Derby event at the Community Pond in Rising Sun Maryland.

Child Name:

Parent Name (PRINTED):

Parent Signature:

Person to Notify in Case of Emergency

Name	
Address	
Cell Phone	

LIABILITY WAIVER

I, the parent/guardian of the registrant agrees that I will abide all local, federal and state laws. Recognizing the possibility of physical injury associated with the activity and in consideration of the Rising Sun Chamber of Commerce and the Town of Rising Sun and the employees, officers, directors, agents, successors and assigns of said parties from any claims resulting from the registrant's participation in the event. I acknowledge that the Rising Sun Chamber of Commerce does not carry accident and health insurance and assure the Rising Sun Chamber of Commerce that the registrant is fully covered by medical insurance. I Understanding Photos at the event may be published to public.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	