SHELBY COUNTY BASS ANGLERS

APPLICATION FOR MEMBERSHIP & RELEASE AGREEMENT

NAME		AGE		
ADDRESS	CITY	STATE	ZIP	
CELL#	EMAIL			
EMERGENCY CONTACT NAME_	PHON	IE#		
	RELEA	ASE		
I hereby release Shelby County E members and guests from any a club tournaments, meetings or o	nd all damages, claims, demar	nds, or expenses relating	g to or resulting fror	m any and all
I further agree that I will not sue in the future concerning any inju tournament or event.	•			_
In the event that S.C.B.A., it's Bo actions, intentional or accidenta members and guests from any li	l, I hereby agree to hold harm	-	_	•
This release shall also serve noti	•	•	claims against S.C.B	.A., its Board of
I hereby certify by my signature Indemnification Agreement. An S.C.B.A., its Board of Directors, r	y misunderstanding made by i	me is my own personal		
I have read and understand the	Bylaws and Tournament Rules	s of S.C.B.A.		
Signature		Date	<u></u>	
CLUB USE:				
ACCEPTEDYESNO		DATE REVIEV	VED	
SPONSORING MEMBER				