



**THE CITY OF AUBURN HILLS  
 FISHING DERBY  
 - REGISTRATION FORM -  
 PLEASE PRINT**

NAME \_\_\_\_\_ AGE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_

I/WE UNDERSTAND THE NATURE OF THE PHYSICAL DEMANDS OF THIS ACTIVITY AND THE POLICIES SET FORTH BY THE CITY OF AUBURN HILLS. I HAVE NOTED ANY MEDICAL/PHYSICAL LIMITATIONS THAT MIGHT AFFECT PARTICIPATION. I/WE HEREBY RELEASE THE CITY OF AUBURN HILLS, THE RECREATION DEPARTMENT, THE DEPARTMENT OF PUBLIC SERVICES, BASS PRO SHOPS, AND ALL OF SAID ENTITIES EMPLOYEES, REPRESENTATIVES AND AGENTS INCLUDING, BUT NOT LIMITED TO, ALL INDIVIDUALS ASSISTING IN THE INSTRUCTION AND/OR SUPERVISION OF THEIR ACTIVITIES, FROM ANY AND ALL RIGHTS, CLAIMS, DEMANDS, ACTIONS, CAUSES OF ACTIONS AND/OR LAWSUITS FOR ANY AND ALL INJURIES, LOSS OR DAMAGE SUFFERED BY MYSELF, MY CHILD AND/OR OTHER FAMILY MEMBERS WHILE PARTICIPATING, WATCHING, OR TRAVELING TO OR FROM THIS ACTIVITY.

MEDICAL/PHYSICAL LIMITATIONS? \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE OF PARENT OR GUARDIAN DATE