



NTBA MEMBERSHIP FORM



\$50.00 Member ship for Division _____

\$50.00 Member ship for Division _____

Name _____

Partner Name _____

Address _____

Address _____

City _____

City _____

State _____

State _____

Zip _____

Zip _____

DL Or SS _____

DL Or SS _____

Make Of Boat _____

Boat Year _____

Motor/HP _____

Insurance Company Name, Policy# or Agent Binding coverage on boat to be used in any NTBA Tournament

Company _____

Agent _____

Policy# _____

LIABILITY RELEASE

In signing this agreement we hereby release the NTBA Tournament Fishing Circuit, It's officers, agents, employees and sponsors from any and all damages, injuries, deaths, claims, demands, cost or expenses relating to injury of any person or damage to any property which we may sustain or which we may cause by reason of participation in or in connection with any NTBA Fishing Tournament Event.

Covenant not to sue waiver or Subrogation: I further agree that I will never sue the NTBA Tournament Fishing Circuit for damages on account of any injury or damage that I suffer or cause whether known now or which may develop in the future in connection with this or any other NTBA Tournament Fishing even. I expressly agree to indemnify and hold NTBA Tournament Fishing Circuit harmless from any liability at whatsoever, including court cost and attorney's fees arising with respect to such action. I understand that in waiving my rights to sue NTBA Tournament Circuit, I am waiving the rights of recovery from NTBA Tournament Fishing Circuit of my insurance carrier for any claims they may pay on my behalf. I further understand that by signing this agreement I have any rights of my heirs or relatives haveor may have to sue the NTBA Tournament fishing circuit or any of it's sponsors, employee's, agents' or officers for liability.

Construction: If this agreement and release, covenant and waivers contained herein are found by any court to be overly broad by any matter, NTBA Fishing Circuit ask the court to interpret it as broadly as possible

We signify by our signature below that we read and understand the above agreement.

Print Name _____

Print Partner Name _____

Signature _____

Partner Signature _____

Date _____

Date _____

Payable to NTBA in care of :
Mike Combs
35 Harrison Dr.
Frenchburg, Ky 40322