

**Kinzua Outdoors**  
2010 "Take a Vet" Entry Form

Driver- \_\_\_\_\_  
Address - \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_  
Cell # \_\_\_\_\_  
Pa Fish License # \_\_\_\_\_  
E-mail \_\_\_\_\_

Partner- \_\_\_\_\_  
Address- \_\_\_\_\_  
City- \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_  
Cell # \_\_\_\_\_  
Pa Fish License # \_\_\_\_\_  
E-mail \_\_\_\_\_

Partner - \_\_\_\_\_  
Address - \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_  
Cell # - \_\_\_\_\_  
Pa Fish License # \_\_\_\_\_  
E-mail \_\_\_\_\_

Partner - \_\_\_\_\_  
Address - \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_  
Cell # \_\_\_\_\_  
Pa Fish License # \_\_\_\_\_  
E-mail \_\_\_\_\_

Entry Fee - \$30.00 for first two Participants, \$10.00 for every additional participant.

# of participants \_\_\_\_\_

Total: \$ \_\_\_\_\_

**No checks accepted at tournament.**

I understand that signing this agreement, I hereby release Kinzua Outdoors, N.E.W.C., Corydon General store owner, board members, partners, employees, helpers, sponsors, promoters, tournament directors, land owners, and organizations assisting in the tournament operation from all damages, claims, demands, costs, or expenses relating to injury of any persons or any property which I may sustain or which I may cause as a result of my participation with this tournament. I further agree that I will never sue any of the parties mentioned above for damages or claims herein and expressly agree to indemnify and hold the above-mentioned parties harmless from any liability whatsoever. I agree to uphold the rules and regulations set forth and I understand that the Tournament Director will settle all disputes and his decision based on his interpretation of the rules will be final and without legal appeal. I agree that any and all photographs, video, or articles of my name, my boat, or me may be used without my consent and without royalties.

Participant signature \_\_\_\_\_  
Participant Signature \_\_\_\_\_  
Participant signature \_\_\_\_\_  
Participant Signature \_\_\_\_\_

Please mail to, and make checks payable to:  
Thomas Means / Director  
3389 West Washington St.  
Bradford, PA 16701  
Phone # (814) 362-1423