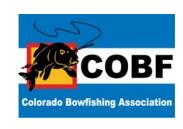
## **Colorado Bowfishing Association Tournament**

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BIG FISH (NON-MEMBER TEAM): \$15.00

TOTAL NUMBERS (NON-COBF TEAM): \$15.00

## RELEASE AND ENTRY FORM

BIG FISH (COBF MEMBER TEAM): \$10.00

TOTAL NUMBERS (COBF MEMBER TEAM): \$10.00

TEAM NUMBER:	USING BOAT? (circle one)				
TEAM NAME:					
assumption of risk agreement. I acknowledge and a dangerous and a high risk activity whether such are assume all such risks, both known and unknown, e participation; I willingly agree to comply with the stabehalf of my heirs, assigns, personal representative Association, Inc. (COBF), COBF officials, COBF magencies, sponsors, advertisers with respect to any fullest extent permitted by law. I will not hold the Cosponsors, Colorado Parks and Wildlife, tournament accidents resulting from the participation in this tou comply with all tournament rules, as well as state a	t I have read and understand the tournament rules and this reagree that the use of archery equipment by myself or others fachery equipment is discharged by myself or others; and I knoweven if arising from the negligence of others, and assume full ated rules, terms and conditions for tournament participation. The est and next of kin, hereby release and hold harmless the Colembers, Colorado Parks and Wildlife, volunteers, other particly and all injury, disability, death, or loss or damage to person colorado Bowfishing Association, Inc., COBF officials, COBF in the officials and/or volunteers responsible for any loss of proper transment held by the mentioned parties. I will conduct myself and local laws in conjuncture with this tournament. It is my responsible and ethical way as well as conducting myself in a sponsible and ethical way as	or fishing i wingly and responsibil I, for myse orado Bow sipants, spoor property nembers, to try, and boo in an ethic sponsibility	s inherently freely ity for my elf and on offishing onsoring on the ournament dily injury or al manner will to make use		
PRINTED NAME:	COBF Member? YES	NO 8			
ADDRESS:					
CITY/STATE/ZIP:					
PHONE:	(REQUIRED, to contact	end of da	y no-shows)		
SIGNATURE:					
E-Mail Address:					
PARENT/GUARDIAN SIGNATURE (if under 1	18)				
PRINTED NAME:	COBF Member? YE	S NO			
4DDDE00					
	(REQUIRED, to contact	end of da	v no-shows)		
CICNATUDE.	,		,		
E-Mail Address:					
PARENT/GUARDIAN SIGNATURE (if under 1	18)				
	COBF Member? YE	S NO			
	(05011050 )				
	(REQUIRED, to contact e	end of day	/ no-snows)		
	40)				
PAKENT/GUARDIAN SIGNATURE (if under 1	18)				
Please circle which OPTIONAL contest you	u are entering:				