



## Team EPIC- Encouraging Positive Impact for Change

### Little Bites EPIC Fishing Event Registration

Participants under 10 must have a responsible adult supervise them on site for the duration of the event.

All participants must be dressed appropriately for being outdoors for two hours. Safety is a priority during this event. If a participant becomes wet or too cold or does not follow the safety guidelines and directions from the volunteers, Team EPIC will contact the parent or guardian to pick them up immediately. Please supply a phone number where you can be reached during the event.

First & Last Name of Child Participant: \_\_\_\_\_ Age: \_\_\_\_\_

First & Last Name of Child Participant: \_\_\_\_\_ Age: \_\_\_\_\_

First & Last Name of Child Participant: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Guardians Phone Number: \_\_\_\_\_ Providing Own Fishing Equipment? ☐ Yes ☐ No

If under the age of 10, name of attending supervising responsible adult: \_\_\_\_\_

### Little Bites EPIC Fishing Event Liability Waiver

As the parent/legal guardian of \_\_\_\_\_, I am in complete understanding that my son/daughter is participating in the Little Bites EPIC Fishing Event held on February 17<sup>th</sup>, 2018 from 12:30 pm to 2:30 pm. I fully understand and choose not too, and will not hold the Team EPIC Coalition, any of their agents, assigns, employees, volunteers or sponsors (hereafter all referred to as sponsors) liable for any accidents, injuries, or any other unforeseen harms incurred at any time while participating in this activity, except in the case of gross negligence. I authorize the Team EPIC Coalition and their sponsors to find adequate and reasonable medical treatment at my expense, if the need arises.

**This waiver will serve as a medical release form, thus authorizing the sponsor permission to act on my behalf until such a time that I can be contacted.**

I understand that my child needs to be dressed appropriately for being outdoors for two hours. If my child becomes wet or too cold or does not follow the safety guidelines and directions from the volunteers, Team EPIC will contact me, and I will need to pick up my child immediately. If I am not staying to supervise my child, I agree to supply a phone number where I can be reached during the event. The parent/guardian will be contacted in the event this action is necessary. I understand that by signing below, as the parent/legal guardian, I agree to and will adhere to the preceding statements and grant permission for my child to participate in this activity (Signing below does not nullify your rights granted to you by local, state, and federal laws). Also, I understand that my child will not be allowed to participate if they are not accompanied by this completed form before the activity begins.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Emergency Telephone Numbers:

The event will be photographed and video recorded. Registration and attendance of each participant to this event acknowledges that as a Parent you give permission that your child can be video recorded and/or photographed. These items are the property of the Team EPIC Coalition and may appear in promotional and marketing pieces, presentations and placed on the Coalitions internet websites. If you have any questions or concerns regarding this, please contact Dani Wolf – 218-463-4762.

**Please return this registration and liability waiver via mail, email or call with any questions.  
Please register BEFORE February 9<sup>th</sup>, 2018! Spots are limited.**

**Mail:** Team EPIC  
ATTN: Dani Wolf  
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Roseau, MN 56751

**Email:** [dwolf@lifecaremc.com](mailto:dwolf@lifecaremc.com)

**Call:** 218-463-4762