

8th ANNUAL SPARKLEBERRY SWAMP POKER RUN

May 16, 2009

REGISTRATION FORM

(COMPLETE this form to save time the morning of the event)

Leave Pack's Landing no sooner than 9:00 and return for the prizes by 3:00

NAME: _____

ADDRESS: _____

CITY: _____ STATE & ZIP: _____

EMAIL ADDRESS: _____

PHONE NUMBER(S) _____

Number of hands @ \$25 per hand: _____ Amount due: _____

(if using a check, make it payable to Delta Waterfowl Midlands Chapter)

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

I hereby forever release and discharge the sponsors, their employees, agents, volunteers, individual volunteers, workers, organizers, designated beneficiary organizations and any other person or entity of any nature from any and all liabilities, claims, demands, or causes of action that I may hereafter have for injuries and damages arising out of my participation in the activities involved in or surrounding the 6th Annual Sparkleberry Swamp Poker Run to take place on May 16, 2009 (hereinafter "event").

I further agree that I will not sue or make a claim against the released parties for damages or other losses sustained as a result of my participation in the event. I also agree to indemnify and hold the released parties harmless from all claims, judgments, and costs including attorney's fees, incurred in connection with any action brought as a result of my participation in the event.

I understand that because of the risks involved in the activities of the event, the released parties are making no warranty of any kind, express or implied, concerning any and all equipment or facilities provided by the released parties. Outdoor activities can be dangerous and associated equipment such as boats, motors, fishing equipment, boating equipment, motor vehicles, and watercraft do not always function the way they are expected to perform. As part of the consideration for my being allowed to participate in the activities of the event, I promise not to sue any of the released parties for any cause of action whatsoever.

My signature or that of my parent or legal guardian below certifies that I have read this form carefully and that I understand the risks associated with the activities of the event.

(Please complete in ink.)

Participant Name: _____

Signature: _____ Date: _____

Age: _____ Parent/Guardian Name: _____

Parent / Guardian Signature: _____ Date: _____

If you prefer, direct your total donation to (circle one only) the following:

Flyway Foundation

Santee National Wildlife Refuge

Otherwise, donations are split between the two.