

Volunteer Registration Form  
**Monterey Bay Veterans Inc.**  
Annual Wheelchair Fishing Derby

**Event Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
(Last) (First) (MI.)

**Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Phone:**(\_\_\_\_)\_\_\_\_\_ **E-mail** \_\_\_\_\_ **Gender:**M\_\_\_F\_\_\_

Are you a member of the Monterey Bay Veterans Inc.? Yes\_\_\_No\_\_\_

Are you a veteran?\_\_\_\_\_ Branch of service?\_\_\_\_\_

Do you have a boat, and will you use it in Monterey for this event? Yes\_\_\_No\_\_\_

Vessel Name \_\_\_\_\_ Size \_\_\_\_\_ Model \_\_\_\_\_ Head?Yes\_\_\_No\_\_\_

Are you a member of a fishing club?\_\_\_\_\_ Name of club \_\_\_\_\_

are you an experienced angler/ deck hand? Yes\_\_\_ No\_\_\_

Will you be at the awards banquet on Saturday? Yes\_\_\_ No\_\_\_

**No alcohol will be allowed!**

No alcohol is allowed!

I certify by completing and signing this form that I will abide by the aforementioned rules and regulations of the Derby. By signing this form I give the Monterey Bay Veterans, Inc. permission to use my likeness in any publication/media. I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the Monterey Bay Veterans, Inc. Officers/ Directors, or any others involved from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Revised 7/31/ 2014

For more information, contact:  
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