REGISTRATION FORM
Monterey Bay Veterans Inc.
29h Annual Wheelchair Rock Cod Derby

October 5, 2019

Name:_____
(Last) (First) (MI.)

Address:_____
(Street) (City) (State) (Zip)

Phone:(_____)_____ E-mail_____ Gender: M___F___
Do you use a wheelchair for transportation? No_____ Yes_____
Percent of Physical Disability? ____ %

Only ONE non-fishing attendant (if needed) per physically challenged angler is allowed! Is that person an experienced angler? Yes____ No____
Non-fishing attendant's Name_____
Phone: ( )_____ E-Mail_____ Gender?M___F___
Non-fishing attendant is required to assist you, but may not fish !

Will you be at the pre-registration Dinner Friday October 4? Yes___ How Many?___ No___
Will you be at the Banquet on Saturday October 5, Yes_____ How many?____ No_____

No Electric or three wheeled chairs will be loaded on boats. No alcohol is allowed!
I certify by completing and signing this form that I have at least a forty ***(40%) percent physical*** **disability**, and 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. If you fail to complete all the requested information, sign and return by September 15, your application will be denied! I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the Monterey Bay Veterans, Inc. Officers, directors, Boat Captains, and volunteers 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. All applications are accepted on a first received basis. When the derby is full, no more applications will be accepted.

Signature of Applicant_____ Date_____
Revised January 30, 2019

For more information, contact:
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