

LADIES COCO CLASSIC FISHING RODEO

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, _____ acknowledge I have voluntarily applied to participate in the LADIES COCO CLASSIC, LLC FISHING RODEO.

I AM AWARE THESE ACTIVITIES ARE HAZARDOUS ACTIVITIES AND I COULD BE SERIOUSLY INJURED AND RISK DEATH. I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED. I AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH, AND OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

I verify this statement by placing my initials here: _____

Parent or Guardian initials (if under 18) here: _____

As consideration for being permitted by LADIES COCO CLASSIC, LLC to participate in this rodeo, I **forever release LADIES COCO CLASSIC, LLC, any LADIES COCO CLASSIC, LLC affiliated organization, and their respective directors, officers, employees, volunteers, agents, heirs, distributes guardians, next of kin, spouse, and legal representatives now have, or may have in the future, for injury , death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to this fishing rodeo or not, and however caused, by any releasee.** I also agree I, my assignees, heirs, distributes, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND LADIES COCO CLASSIC, LLC, AND SIGN IT OF MY OWN FREE WILL.

If signed by Parent or Guardian: I verify the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and the Participant understood them.

Executed in Terrebonne Parish, State of Louisiana, on this date, July ____, 2024.

PARTICIPANT/RELEASOR:

PARENT OR GUARDIAN:

IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED.

Emergency Contact Information

Name of Person not fishing in case of emergency; _____

Phone Number for Person listed above: _____ ; _____

Angler Address; _____

Angler General Dr. Name and Phone number _____
