



Vilonia Community Fishing Derby Registration Form

Please complete the following information to help Vilonia Community Development Corporation, City of Vilonia, and the Arkansas Game & Fish continue to provide angling education opportunities for children and there families.

Participation Information

Participant Name : _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Birthdate: _____ Age on 5/18/2024: _____

Male: _____ Female: _____

Emergency Contact Name & Number: _____

EVENT WAIVER – READ CAREFULLY: In consideration of the acceptance of this entry. I hereby for myself, my heirs, executors, administrators, and anyone entitled to act on my behalf, release and discharge Vilonia Community Development Corporation, the City of Vilonia, their representatives and successors, promoters, managers, directors, officials, volunteers, sponsors, and administrators of this event from any and all claims of injury or liabilities of any kind, illness, or damage suffered by me, as a result of my participation in or traveling to or from this event. I understand that participating in an event like this could be potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by any event official to my ability to safely participate in the event. I hereby certify that I am in such physical condition and good health. I also give my permission for the free use of my name and picture in any written account, broadcast of telecast of this event for any legitimate purpose.

Signature: _____ Date: _____

Parent or Guardian (If under 18) _____ Date: _____