

ILLINOIS TEAM TRAIL LLC / ILLINI TEAM TRAIL

2025/2026 MEMBERSHIP APPLICATION AND LIABILITY WAIVER

MEMBER INFORMATION

Full Name:

Address:

City / State / ZIP:

Phone Number:

Email Address:

Date of Birth:

Social Security Number:

Emergency Contact Name:

Emergency Contact Phone:

Team Partner:

Annual Membership Fee: \$50 Date Paid: _____

Payment Method: ☐ Cash ☐ Check ☐ Online ☐ Other: _____

SMS TEXT UPDATES (Optional)

☐ YES, I opt in to receive SMS text updates and tournament results.

☐ NO, I do NOT want to receive SMS text updates and tournament results.

1. Acknowledgment of Risk

I, the undersigned participant, acknowledge that I have voluntarily chosen to become a member of and participate in tournaments organized by Illinois Team Trail LLC / Illini Team Trail (the "Event Organizer"). I understand that fishing, boating, and related outdoor activities involve inherent and significant risks, dangers, and hazards that may cause property damage, bodily injury, illness, permanent disability, or death. These risks include, but are not limited to: accidents, injuries, or drowning on or near the water; injuries caused by fishing equipment such as hooks, lines, and lures; hazards associated with boating, including collisions, mechanical failure, or operator error; adverse weather, temperature extremes, or encounters with wildlife; and limited access to immediate medical care in remote or wilderness areas.

2. Assumption of Risk

Knowing and understanding these risks, I voluntarily assume all risks associated with my participation in any Illini Team Trail Event, whether caused by the negligence or fault of the Event Organizer, its officers, directors, members, volunteers, sponsors, or agents (collectively, the "Releasees").

3. Waiver and Release of Liability

In consideration for being allowed to participate as a member of the Illini Team Trail and its Events, I hereby release, waive, and discharge the Releasees from any and all claims, demands, or causes of action related to injury, illness, death, or property damage, whether caused by negligence or otherwise, to the fullest extent permitted by Illinois law.

4. Indemnification

I agree to defend, indemnify, and hold harmless the Releasees from any claims, damages, costs, or expenses (including attorney's fees) that arise from or relate to my participation in the Event, including those caused by my actions, omissions, or negligence.

5. Compliance with Rules and Regulations

I agree to follow all Event rules, membership policies, and applicable local, state, and federal laws.

6. Participants Under 18

If the participant is under 18 years of age, a parent or legal guardian must sign below. I understand this waiver does not release claims that cannot legally be waived on behalf of a minor under Illinois law.

7. Consent for Publicity

I grant Illinois Team Trail LLC / Illini Team Trail permission to use my name, likeness, image, or voice in photos, videos, and promotional materials without compensation.

8. Acknowledgment and Acceptance

I have read and understand this Membership Application and Liability Waiver. I acknowledge that I am voluntarily signing it and that it affects my legal rights.

SIGNATURES

Participant's Printed Name:

Participant's Signature: Date:

Guardian's Printed Name (if under 18):

Guardian's Signature: Date:

Mail or Submit To:

Illinois Team Trail LLC / Illini Team Trail

3748 Saraville Rd

Creal Springs, IL 62922