



**B.A.S.S. NATION OF VIRGINIA INC.  
2025-2026 YOUTH TOURNAMENT SEASON BOAT CAPTAIN RELEASE FORM**

Boat Captain Printed Name: \_\_\_\_\_

**For Club Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone # (\_\_\_\_) \_\_\_\_\_ Night Phone # (\_\_\_\_) \_\_\_\_\_

**RELEASE OF LIABILITY, CONSENT FOR MEDICAL TREATMENT AND ASSUMPTION OF RISK AGREEMENT:**

Having acquainted myself with the rules, I have completed this application and submit it for BASS Nation of Virginia (BNVA) records. In signing this application, and by his/her/my presence at any **2025-2026** youth season event, I, as a Boat Captain, hereby agree to be bound by and comply with all Tournament rules and regulations. I expressly assume all risks associated with the Tournaments and I hereby release, hold harmless and forever discharge, The Bass Federation, Inc. (BNVA), B.A.S.S.- ESPN Federation, and its Staff, the event host, all sponsors, volunteers and tournament officials, (hereinafter "the Release") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me, or any property belonging to me, whether caused by the negligence of any of the releasees or otherwise in while participating in any event hosted by the releasees. I hereby grant BNVA the unconditional right to use my name, voice, photograph likeness and biographical information and fishing tips and instructions in connections with all youth tournaments' video/audio production, and/or articles and press releases. I shall not be entitled to receive any royalties or other compensation in connection with such use. I further understand and agree that the tournament Director reserves the right to reject this application for any reason. I hereby consent to and authorize tournament officials to apply, secure or authorize emergency medical treatment on my behalf, in the case of injury or emergency. I agree to assume full responsibility for payment of all fees incurred as a result of such medical treatment.

**BOAT CAPTAIN RELEASE:**

As the Boat Captain, I have read and fully understand the above Release of Liability, Consent for Medical Treatment and Assumption of Risk Agreement as well as all the tournament rules. I fully understand them, understand that I have given up substantial rights by signing them, and agree to be bound by them. I sign it freely and voluntarily and without any inducement. I understand I only need to submit this form once per season.

**(Note: A copy of the Boat Captain's Insurance Policy showing expiration, minimum \$300,000 Watercraft Liability coverage, and boat information (engine hp) must be submitted with this form. I agree to submit any renewal occurring within the season. A copy of Boater's Safety Certificate must also be submitted with form.)**

Do you have any physical, medical, or mental impairment or condition we should be aware of: \_\_\_ No \_\_\_ Yes?  
Explain: \_\_\_\_\_ Please use reverse side.

Boat Captain Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone # (\_\_\_\_) \_\_\_\_\_ Night Phone # (\_\_\_\_) \_\_\_\_\_