

**COLORADO B.A.S.S. NATION  
STATE TEAM QUALIFYING TOURNAMENT  
OFFICIAL ENTRY FORM**

Calendar Year and Tournament Location: \_\_\_\_\_

Name: \_\_\_\_\_

CBN Chapter Affiliation: \_\_\_\_\_

B.A.S.S. Member No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address- Street: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Are you fishing as a: Boater  Non-boater

Are you fishing to be a member of the CO State Team  Yes  No

If you are a Non-boater, are you practicing out of your own boat  Yes  No. If yes, please provide boat information below.

Practice Partner: \_\_\_\_\_

Will family or friends be joining you  Yes  No .. How many \_\_\_\_\_ Would any of them be interested in being an observer / marshall (must be over 16 years) \_\_\_\_\_

Boating Liability Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Liability Limit: \_\_\_\_\_

Do you have any physical or mental impairment that may affect your ability to operate a boat, or require special accommodations? Yes  No

If yes, please explain: \_\_\_\_\_

Make and maximum Coast Guard Horsepower rating of your boat: \_\_\_\_\_

Make and Horsepower of your motor: \_\_\_\_\_

Make of Trolling Motor: \_\_\_\_\_ Make of Electronics: \_\_\_\_\_ Make of Batteries: \_\_\_\_\_

Enclosed Entry Fee: \$225

Enclosed Daily Big Fish Pot: \$30 (\$10 per day)

Initial All:

\_\_\_\_\_ I am currently a member in good standing with B.A.S.S. and the Colorado Bass Nation (CBN).

\_\_\_\_\_ I am fully acquainted with the most recent CBN tournament rules. By signing this entry form, I understand that I am bound by, and must comply with, all STQT rules and policies.

\_\_\_\_\_ I understand and agree that the Tournament Director reserves the right to reject my application for any reason at any time.

\_\_\_\_\_ I understand that if I am disqualified for violating tournament rules, I forfeit all entry fees and other related expenses that I may have incurred.

\_\_\_\_\_ I expressly assume all risks associated with the STQT and I hereby release the CBN (including all members and officers) and B.A.S.S., LLC., its parent, affiliated, and subsidiary companies, the host, sponsors, and tournament officials, from all claims of death, injury and/or property damage incurred by me or others in connection with my participation in the tournament.

\_\_\_\_\_ If I am using my own boat in the tournament, I certify that I now have, or will obtain prior to the Tournament boating liability insurance having a limit of at least \$300,000.00. The insurance must be issued by a reputable insurer rated A or better by A.M. Best and Company.

\_\_\_\_\_ I will provide satisfactory evidence of the aforementioned insurance at the on-site tournament registration.

\_\_\_\_\_ I hereby grant CBN the unconditional right to use my name, voice, photographic likeness and biographical information in connection with any CBN or BASS audio/video productions and releases. I may not be entitled to receive any royalties or other compensation in connection with such use.

\_\_\_\_\_ If I participate as a non-boater at any time during the event, I have read, signed, and submitted to the CBN the attached non-boater liability statement. (Single boaters must also submit a signed non-boater liability statement.)

\_\_\_\_\_ I agree that if I qualify for the B.A.S.S. Regional Tournament, National Championship, and the Classic, I may be required to use any and all official clothing, products and equipment provided by the CBN, B.A.S.S. and their sponsors.

\_\_\_\_\_ Should I qualify for the CBN State Team, I understand that I will be required to abide by all conditions set forth in any CBN contracts and agreements that bind the State Team members should I choose to participate at the B.A.S.S. Regional, National Championship and the Classic tournaments.

\_\_\_\_\_ I understand that before receiving any monetary payout from any of these related events (State Team Qualifier, B.A.S.S. Regional, National Championship, and the Classic), I will be required to provide my Social Security Number to the responsible Tournament Officials.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**NON-BOATER LIABILITY STATEMENT**

WHEREAS THE COLORADO BASS NATION REQUIRES BOATERS TO CARRY A MINIMUM OF A \$300,000 LIABILITY INSURANCE FOR ANY BOAT TO BE USED IN THE COLORADO B.A.S.S. FEDERATION STATE TEAM QUALIFYING TOURNAMENT.

WHEREAS IT MAY BE POSSIBLE THAT A BOAT OWNER MAY OR MAY NOT HAVE VALID INSURANCE COVERING BOAT PROPERTY DAMAGE ABOVE AND BEYOND THE LIABILITY COVERAGE.

WHEREAS IT MAY BE NECESSARY FOR THE NON-BOATER TO OPERATE THE BOAT BY ME

WHEREAS DAMAGE MAY OCCUR TO SAID BOAT DURING MY OPERATION OF THE BOAT. AS SUCH, I UNDERSTAND THAT I WILL BE HELD RESPONSIBLE FOR DAMAGES TO THE BOAT, AND ANY ATTACHED EQUIPMENT WHILE THE BOAT IS UNDER MY CONTROL. THIS DOES NOT INCLUDE DAMAGES DEEMED NORMAL WEAR AND TEAR.

I HAVE FULLY READ AND UNDERSTAND THE ABOVE AND AGREE TO PAY FOR THE COST OF REPAIRS FOR ANY DAMAGES THAT MAY OCCUR WHILE THE BOAT IS UNDER MY CONTROL CONSISTENT WITH THE AFOREMENTIONED LANGUAGE.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_