DYLAN KYLE POCHE MEMORIAL FOUNDATION

Minor's Release and Consent to Compete

We the undersigned, hereby request that the below named minor be granted permission: (1) to enter the events, (2) to participate as a contestant in events, (3) to compete for money, prizes, recognition or reward, (4) to be covered by family health insurance, if applicable, (5) to be covered medically, by parents or legal guardian.

We the undersigned, on behalf of the minor and for ourselves, our personal representatives, heirs, next of kin, spouses and assigned, do hereby:

1. AGREE not to hold liable Dylan Kyle Poche Memorial Foundation, Luther "Burt" Poche, Shelley Poche, the tournament director, weigh master, event secretary, and each of them, their officers, agents and employees (all hereinafter collectively referred to as "Releasees") from any and all claims and liability arising out of strict liability or ordinary negligence of Releasees or any other participant which causes the undersigned injury, death, damages or property damage. We, the undersigned, jointly, severally, and in common, covenant to hold Releasees harmless and to indemnify Releasees from any claim, judgement, or expenses Releasees may incur arising out of any of the minor's activities or presence in the event area.
2. RELEASOR or parents or guardians of the undersigned minor AGREE TO INDEMNIFY the Releasees and each of them from any loss, liability, damage or costs they might incur due to the presence or participation of the minor in to described activities, whether caused by the negligence of the Releasees or otherwise.

WE HAVE READ THIS DOCUMENT. WE UNDERSTAND IT IS A RELEASE OF ALL CLAIMS, AND WE ASSUME ALL RISKS INHERENT IN ABOVE NAMED EVENT.

_____

Name of Minor

_____

Parent or Guardian Name

_____

Parent or Guardian Signature Date

_____

Parent or Guardian Phone Number

Please mail this form to:

Dylan Kyle Poche Memorial Foundation, Inc.
P.O. Box 74
Natchitoches, LA 71458

OR scan and email to:

shelleypoche@yahoo.com