



## Texas Tournament Zone (TTZ) Parental Consent and Liability Waiver

Tournament Name: **TTZ Tuesday Nighters**

Date(s): **Every Tuesday, during calendar year of 2025, during fishing season**

Location: **Highland Lakes Marina, 16120 Wharf Cv., Volente TX 78641**

### **Youth Participant Information:**

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

Age: \_\_\_\_\_

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

*("Youth" is age 17 and under.)*

### **Parent/Guardian Information:**

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

Relationship to Youth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

### **Consent and Waiver**

I, the above-named and undersigned parent or legal guardian of the above-named youth, hereby grant permission for my child to participate in the TTZ Tuesday Nighter Tournament. I understand that my child must be accompanied by an adult over the age of 18 during the event. I acknowledge and agree to the following:

1. **Assumption of Responsibility:** I am fully responsible for the safety, supervision, and behavior of my child during the tournament, including ensuring they follow all tournament rules and safety guidelines.
2. **Liability Waiver:** I understand that TTZ, its organizers, volunteers, and affiliates assume no liability for any injury, loss, or damage to person or property that may occur during the tournament. I agree to hold TTZ harmless from any claims, demands, or causes of action arising from my child's participation.
3. **Medical Authorization:** In the event of an emergency, I authorize TTZ staff or volunteers to secure medical treatment for my child if I cannot be reached. I understand that I am responsible for any associated medical costs.
4. **Rules Compliance:** I ensure that my child and their accompanying adult will comply with all tournament rules, including safety protocols and sportsmanship standards.

### **Acknowledgment**

I have read and understand the terms of this consent form and waiver. I certify that I am the parent or legal guardian of the youth named above and have the authority to sign this document.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_