

CHRISTIAN BASS LEAGUE

Team Application

Name (boat owner): _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

**BOAT OWNERS MUST PROVIDE PROOF OF LIABILITY INSURANCE (\$100,000 MINIMUM)
UPON REQUEST.**

INSURANCE COMPANY NAME: _____

POLICY NUMBER: _____ POLICY PERIOD: _____

LIMIT OF LIABILITY: \$ _____

Name (team partner): _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

- *I acknowledge having the minimum liability insurance (boat owners only).*
- *I acknowledge that I have read, understand and will comply with all rules as detailed in the CBL website.*
- *I agree to defend, indemnify and hold harmless the CBL, its Director and/or his designee and volunteers from all rights, claims, demands, and damages of any kind, known or unknown, existing or arising in the future resulting from or related to my participation in the CBL.*
- *I understand and authorize my name and images may be used or displayed for use in the CBL website.*

SIGN _____ DATE _____

Boat Owner

SIGN _____ DATE _____

Team Partner