



SEND MEMBERSHIP FORM AND \$40 (IF LATE \$50) PAYMENT TO:
AC TOURNAMENT TRAIL · 7354 GROUSE RD · TAMAROA, IL. 62888

MEMBER 1: _____	MEMBER 2: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
STATE: _____ ZIP: _____	STATE: _____ ZIP: _____
PHONE: _____	PHONE: _____
E-MAIL: _____	E-MAIL: _____

MEMBERSHIP AGREEMENT & RELEASE WAIVER

"I hereby waive my rights of privacy or publicity with the regard to the programs of the tournament in which I appear and consent to B.A.S.S., LLC's (and its parent, affiliated and subsidiary companies, and those acting under their permission or upon their authority), copyrighting, distributing, televising, publishing and using in any way the audio and visual portions of any television videotape, film and photographs pictures of me or of interviews, scenes or other sequences in which I may be included, and any reproduction thereof, anywhere at any time through any medium or media for advertising, promotion, trade, television programming or other lawful purpose whatsoever; and I shall not be entitled to receive any royalties or other compensation in connection with such use."

"I acknowledge and agree that B.A.S.S., LLC (and its parent, affiliated and subsidiary companies, and those acting under their permission or upon their authority) shall have the right to use my personal information to contact me with communications and other advertisements, and may provide such information to any sponsor of B.A.S.S., LLC or its parent, affiliated and subsidiary companies, which sponsor may contact me with communications and other advertisements."

- 1. Sign _____
- 2. Sign _____
- Parent, if minor _____