

**APPLICATION FOR REGISTRATION AND FULL RELEASE OF LIABILITY AND ASSUMPTION OF RISK**

READ CAREFULLY! This Release affects your legal rights and its completion is a prerequisite for your enrollment and participation in the 2019 Bermuda Triple Crown (the "Tournament"). Your signature below indicates your FULL acceptance of these terms. If you do not agree to these terms, DO NOT SIGN this release.

BY SIGNING BELOW, I AGREE AS FOLLOWS: I am applying to participate in the Tournament; acceptance of my application is at the sole discretion of the Tournament organizers. In consideration of being permitted to apply for, enroll or participate in the Tournament and such activities as may be arranged for me in connection with such application, enrollment and participation (collectively, the "Tournament Activities"), individually for myself and on behalf of my personal representatives, heirs, assigns, executors, administrators, and next of kin, and as the vessel's master (if I am the vessel's master):

1. I hereby acknowledge that the Tournament Activities are dangerous and hazardous, and may entail the risk of serious injury, death, and property or economic damage. I understand that the risks include, but are not limited to, dangers posed by inclement weather and the inherent risks posed by game fishing. I hereby fully assume all non-economic and economic risks posed to me by my enrollment and participation in the Tournament Activities, whether those risks are known or not and whether those risks are foreseen or not. I hereby release and discharge the Tournament, its sponsors, Bonnier Corporation, and World Publications LLC; each of their respective parent companies, subsidiaries, and affiliated companies; the officers, employees, associates, agents, and contractors of all of the foregoing; all other Tournament participants; and all location owners and operators (collectively, the "Releasees") of and from any and all claims, suits, causes of action, obligations, liabilities, debts, costs, damages, or demands of every kind and nature which I now have or which may arise from or in connection with my enrollment and participation in the Tournament Activities, whether or not caused or contributed to by the negligence of the Releasees or the manner in which the Tournament is conducted by the Releasees. ALL TOURNAMENT PARTICIPANTS ARE ADVISED TO OBTAIN THEIR OWN INSURANCE COVERAGE.

2. To the fullest extent permitted by law, I hereby agree to indemnify, defend, and hold harmless the Releasees, their heirs, executors, administrators, legal representatives, successors, assigns, and parent organizations from any damages, costs, expenses, or liabilities, including but not limited to reasonable attorney fees or other professional fees, resulting from or in any way connected with the risk posed by the Tournament or Tournament Activities, and regardless of whether those risks were caused in full or in part by a party indemnified hereunder.

3. I agree that this Release supersedes any other agreements, written or oral, between the parties and is governed by the laws of Florida. I intend this release to be interpreted as broadly as possible, and if any portion of this Release is held invalid, I intend the remainder to continue in full legal force and effect.

4. I acknowledge receipt of the rules of the Tournament and I agree to fully abide thereby. I further agree that: (i) I will abide by and accept all decisions made by the Tournament organizers or any representative of the Tournament organizers in connection with my application, enrollment, or participation in the Tournament; (ii) all such decisions will be final, non-appealable, and in the sole discretion of the Tournament organizers or their representatives; and (iii) any economic or non-economic consequences to me as a result of such decisions are within the scope of the foregoing release.

I HAVE READ THIS RELEASE AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL LEGAL RIGHTS BY SIGNING IT. MY SIGNATURE BELOW IS GIVEN VOLUNTARILY, WITHOUT ANY INDUCEMENT OR ASSURANCE BEING MADE TO ME, AND I INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Participants in Tournaments are advised to obtain their own insurance covering them and their vessel's participation. By signing below, I hereby affirm receipt of the rules of the Tournament. I also affirm that I will abide by and accept all decisions made by Tournament management.

By submitting this entry form, you agree to receive email updates from Bonnier Events.

Team Representative: \_\_\_\_\_ Boat Name: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Boat Captain: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**PAYMENTS BY MAIL**

Personal checks must be drawn on a U.S. bank and payable in U.S. currency. All money orders and cashier's checks must also be in U.S. dollars. Payments by mail must be received by June 21, 2019.

**PAYMENTS ON-SITE**

On-site payments will be accepted at the final registration kickoff party July 3, 2019. Acceptable forms of payment are major credit cards, money orders, cashier's checks or traveler's checks denominated in U.S. Dollars drawn on a U.S. bank or cash in U.S. or Bermuda dollars.

**PAYMENTS BY WIRE TRANSFER**

For information contact: Dan Jacobs at 407-405-0102  
Dan.Jacobs@bonniercorp.com

**PAYMENTS BY CREDIT CARD**

Payments by major credit cards will be accepted both by mail and on-site but are subject to a 3% convenience fee.

**MAKE CHECKS PAYABLE TO BONNIER CORP**

Send form and payment to: Bonnier Corp  
Attn: Dan Jacobs  
C/O The Bermuda Triple Crown  
460 N. Orlando Ave.  
Suite 200  
Winter Park, FL 32789

For more information contact:  
Tournament Director, Dan Jacobs  
work: 407-571-4680 | cell: 407-405-0102  
Dan.Jacobs@bonniercorp.com  
BermudaTripleCrown.com

**BERMUDA TRIPLE CROWN POINTS** \$ 5,000  
**OPTIONAL JACKPOT**

**PAYOUT STRUCTURE**  
**1ST PLACE: 50 PERCENT**  
**2ND PLACE: 30 PERCENT**  
**3RD PLACE: 20 PERCENT**

**TOTAL AMOUNT ENCLOSED** \$ \_\_\_\_\_

**PAYMENTS BY CC: AMEX/MC/VISA** (subject to a 3% convenience fee)

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

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 or 4 Digit Security Code \_\_\_\_\_

Billing Address: \_\_\_\_\_

Country: \_\_\_\_\_

Signature: \_\_\_\_\_