

GSCDD

YOUTH

FISHING

DERBY

SATURDAY

MAY 11

\$10/participant

Group A: Ages 5-9

Group B: Ages 10-15

8 A.M.- 10 A.M.

11301 Gateway Blvd.

**TO PAY BY CARD CONTACT:
(239) 561-1313**

**TO PAY BY CHECK OR MONEY ORDER,
PLEASE VISIT THE DISTRICT OFFICE:
11922 FAIRWAY LAKES DRIVE, SUITE 1
OPEN: M-F 9 AM - 4 PM**

**EMAIL REGISTRATION FORMS:
CUSTOMERCARE@GATEWAYDISTRICT.ORG**



TROPHY CATEGORIES:

**FIRST CATCH, BIGGEST CATCH &
SMALLEST CATCH**



11922 Fairway Lakes Dr., Ste. 1
Fort Myers, FL. 33913

www.gatewaydistrict.org

GSCDD FISHING DERBY REGISTRATION FORM

\$10 Fee/Participant

Participant's Name: _____

☐ 5-9 yrs old ☐ 10-15 yrs old

Parent/Guardian: _____

Address: _____

City/State/Zip: _____

Email: _____ Phone Number: _____

Date Registered: _____ Payment Method: ☐ Check ☐ Money Order ☐ Card

GSCDD Representative: _____ Date: _____

I, the undersigned, will indemnify, defend, and hold harmless the Gateway Services Community Development District (GSCDD), its agents, employees, officers, and any other associates from and against any and all actions in law or in equity, from liability or claims for damages, demands, or judgments to any person or property which may result now or in the future from the conduct of this event.

Furthermore, I do hereby release, discharge, and hold harmless the Gateway Services Community Development District (GSCDD), its officers, employees, servants, and agents from and against any and all claims, demands, actions, causes of actions, and suits at law or in equity for and on account of any injuries, damages, or accidents sustained by me or anyone in my party while participating in or being a spectator at any activity or event held at the facilities of Gateway Services Community Development District (GSCDD).

I understand that this is an active and participatory type activity, and injuries may occur. I acknowledge that all injuries sustained and costs incurred therein must be paid for by myself or by my personal insurance company.

Parent/Guardian Signature: _____

Date: _____



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PHOTO RELEASE FORM

Gateway Services Community Development District ("GSCDD")
11922 Fairway Lakes Dr., Ste. 1
Fort Myers, FL 33913
Subject: GSCDD Fishing Derby
Location: 11301 Gateway Blvd., Fort Myers, FL 33913

Photo Release for Minors

I, being the Parent/Guardian of _____, hereby consent that the videotapes, photographs and/or motion picture film in which he/she posed, and/or audio recordings made of his/her voice may be used by GSCDD, its assigns or successors, in whatever way they desire, including television, without compensation. Furthermore, I hereby consent that such photographs, films, negatives, and recordings, and the plates and/or tapes or other medium from which they are made shall be the property of GSCDD, its assigns or successors, and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, films, recordings, plates, and tapes as they may desire free and clear of any claim whatsoever on my part or my child's part, or by anyone who may claim by or through my child, in perpetuity.

I have read and understand and agree to the above:

Dated: _____

Signature of Parent/Guardian: _____

Name of Child (print): _____

Name of Parent/Guardian (print): _____

Address: _____