

KERN RIVER FLY FISHERS

P. O. BOX 686 – BAKERSFIELD, CA 93302

www.kernriverflyfishers.com

MEMBERSHIP APPLICATION and WAIVER OF LIABILITY AND WAIVER OF CONFIDENTIALITY

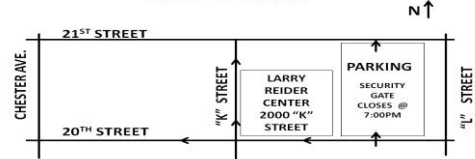
DUES:

* ANNUAL FAMILY\$50.00
INCLUDES IMMEDIATE FAMILY

* New members joining after July 1 pay \$25.00
Please make checks payable to the KRFF

DOORS OPEN AT 7:00 PM

KERN RIVER FLY FISHERS
MEET FIRST WEDNESDAY OF EVERY MONTH
@ 7:00PM IN THE LARRY REIDER CENTER
2000 "K" STREET



WAIVER, RELEASE OF LIABILITY AND ASSUMPTION OF RISK

TO BE COMPLETED AND SIGNED BY EVERY CLUB MEMBER

In consideration of my participation in activities arranged for me by KERN RIVER FLY FISHERS I hereby release and covenant not to sue KERN RIVER FLY FISHERS, its owners, shareholders, directors, officers, employees, representatives, agents, and lessees from any and all present and future claims resulting from ordinary negligence and inherent risk of my participation in any activities or arrangements and the use of the facilities and equipment of KERN RIVER FLY FISHERS including but not limited to any loss, injury, damage, or liability sustained by me while on or about the premises of the club.

I am fully aware and understand that KERN RIVER FLY FISHERS does not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services including but not limited to emergency cardiovascular assistance.

I agree that immediately prior to participation in any activity arranged for me by KERN RIVER FLY FISHERS I will inspect the facilities and equipment to be used and if any defect is apparent I will not use the facility or equipment and I will notify the management of the KERN RIVER FLY FISHERS of the defect.

I further agree that if I am not knowledgeable in the proper use of any of the KERN RIVER FLY FISHERS facilities or equipment, I will obtain proper instruction for the correct use of such facility or equipment from a qualified individual before I will use the facility or equipment.

I assume all the foregoing risk and accept personal responsibility for any damages and loss following any loss of property, injury, permanent disability or death resulting therefrom.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER, RELEASE AND ASSUMPTION OF RISK AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER, RELEASE AND ASSUMPTION OF RISK AND SIGN IT VOLUNTARILY.

Check this box if you agree to share your phone number with other club members

Any person under the age of 18 years must have a parent or guardian co-sign this form.

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

ADDRESS: _____ PHONE: _____

CITY/STATE/ZIP: _____

*EMAIL ADDRESS _____

***PLEASE USE LEGIBLE BLOCK LETTERING TO RECEIVE YOUR NEWSLETTER BY EMAIL**

