

Auburn Flycasters

Membership Application

Date _____

Please Print

Name: _____ Membership Type: Individual Family Youth

Additional Names (for Family Membership only)

Address: _____ Apt.: _____

City: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____
(Facilitates Communications on outings)

Email: _____

Our club is successful because we can count on members to contribute their time and skills in support of club activities. Volunteering to be involved in club activities is best the way to meet other members and increase your enjoyment of the club.

SO PLEASE, GET CONNECTED AND GET INVOLVED

Please check the areas below where you would be interested in helping out:

Meeting Programs Seminars Refreshments Newsletter Website Raffle Fishouts
 Annual Dinner Special Events Swap Meets Other: _____

Please rate your Experience [E=H-M-L] & Interest [I=H-M-L] in the following by marking H,M or L in each:

Bass & Bluegill E= ___ I= ___; Trout E= ___ I= ___; Steelhead E= ___ I= ___; Shad E= ___ I= ___; Lakes E= ___ I= ___; Streams E= ___ I= ___;
Salt Water E= ___ I= ___; Fly Tying E= ___ I= ___; Casting E= ___ I= ___; Rod Building E= ___ I= ___; Conservation E= ___ I= ___

Annual Membership Cost:

New Members:

Individual Membership: \$43.00 (\$36.00 per year plus one-time \$7.00 fee for name badge)

Family Membership: \$_____ = \$48.00 + (number of members: ___ x \$7.00)
(\$48.00 per year plus one-time \$7.00 fee for each name badge)

Youth Membership: \$25.00 (\$18.00 per year plus one-time \$7.00 fee for name badge)

Note: A signed Release and Waiver of Liability and Indemnity Agreement (see below) must accompany all new Membership Applications

Renewing Members: Please submit any personal data changes (new address, phone, e-mail, etc.) with payment

Individual Membership: \$36.00 Family Membership: \$48.00 Youth Membership: \$18.00

Please make checks payable to: **Auburn Flycasters**

Bring completed application & payment to a club meeting or mail to:

Auburn Flycasters, P.O. Box 0756, Auburn CA 95604

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT
AUBURN FLYCASTERS

I [print your name (s)] _____, am a person eighteen years of age or older. I am a member of the Auburn Flycasters ("AF") and understand that AF sponsors events such as fishing outings, meetings, picnics, dinners, casting and other clinics, work parties for conservation and related projects, and many other events (collectively, "events"). As a member of AF, I may attend and /or participate in events, either alone or with family members.

I have been informed that there are significant risks of personal injury to me and those in my company and property damage associated with the events and the sport of flyfishing, including but not limited to being impaled by fish hooks, scratches and wounds from trees and brush, slip and falls injuries associated with hiking and with wading in and around rivers and other bodies of water, injuries from vehicular accidents and drowning or other serious injury from submersion. I am fully aware of the nature and scope of the risks associated with the sport of flyfishing, and have ample opportunity to ask all questions that I deem important to my decision to execute this release and attend an event.

Please complete the following section if you are the parent and/or guardian of anyone under the age of 18 that will accompany you on an outing.

I am also the parent and/or guardian of the following minors, who are in my company, and as to whom I have agreed to assume full responsibility for their conduct and safety:

<u>Name(s):</u>	<u>Age(s):</u>
_____	_____
_____	_____

With full and complete knowledge of the nature and scope of the associated risks, on behalf of myself, my heirs, executors, administrators and assigns, I hereby voluntarily release, discharge, waive and relinquish any and all actions, claims or causes of action for personal injury, death, property damage or other liability of any sort or nature against Auburn Flycasters, or any of its officers, directors, or members, which may have occurred or may occur during an event.

I also agree that under no circumstance will I or my heirs, executors, administrators and/or assigns prosecute any claim or action against Auburn Flycasters, or any of its officers, directors or members relating to any personal injury, death, or property damage I suffer or incur during an event.

I also acknowledge and EXPRESSLY ASSUME ALL RISK associated with all aspects of an event, and fully understand that the potential exists for serious injury, death, and /or property damage. I accept all risk associated with the event with full knowledge of that potential and further understand that all events and the sport of flyfishing can be physically challenging and demanding.

With knowledge of all of these risks, I further hereby agree to DEFEND, INDEMNIFY AND HOLD HARMLESS Auburn Flycasters and all of its officers, directors and members from any loss, liability or cost they may incur and which arises out of or is in any way related, directly or indirectly, to an event.

[Where applicable] As parent/guardian of the minors listed above in executing this agreement I am acting on behalf of each of said minors, and intend that the terms of this agreement shall be binding on them.

I further understand the provisions of California Civil Code Section 1542, and voluntarily waive its provisions, so that this agreement applies to all claims, whether known, unknown, or liquidated or contingent, or actual or potential. Section 1542 reads as follows:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him have materially have affected his settlement with the debtor."

I HAVE READ AND VOLUNTARILY SIGN THIS AGREEMENT, AND ACKNOWLEDGE THE SIGNIFICANCE OF IT. I UNDERSTAND THAT I HAVE THE RIGHT TO HAVE THIS AGREEMENT REVIEWED BY AN ATTORNEY BEFORE I SIGN IT IF I WISH. I AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENTS HAVE BEEN MADE TO ME, WHICH ARE NOT SET FORTH IN THIS AGREEMENT.

Signature: _____

Date: _____

Signature: _____

Date: _____