

SIERRA PACIFIC FLYFISHERS NEW MEMBER APPLICATION

(DO NOT USE THIS FORM FOR RENEWAL)

PLEASE PRINT LEGIBLY!

Name \_\_\_\_\_ How to Engrave Your Name Badge If Different \_\_\_\_\_
Occupation \_\_\_\_\_ Home Phone \_\_\_\_\_
Mailing Address \_\_\_\_\_ Alternate Phone \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ E-Mail \_\_\_\_\_

Additional Family Members/Relationships: 1. \_\_\_\_\_ /
2. \_\_\_\_\_ /
3. \_\_\_\_\_ /
4. \_\_\_\_\_ /

Please be sure to spell all names exactly as you want them to be engraved on your Name Badges.

Annual Family Membership Dues (January 1 — December 31)

INSTRUCTIONS: Enter your dues amount at either A or B, then calculate your Membership Kit cost and enter at C. If you care to donate to our Conservation & Education Program enter the amount at D. Enter the total of A, B, C & D at E.

SELECT ONE (SEE BELOW)
Do you live within 50 miles of ZIP code 91409? Your dues are \$55 => A
Do you live 51 miles or more from ZIP code 91409? Your dues are \$25 => B
Membership Kits: 1 for you and 1 for each additional family member @ \$10 each => C

There's a one time charge of \$10 for yourself and \$10 for each additional family member to cover the cost of your Membership Kits which include a Membership Roster, Membership Card, Name Badge, Club Patch, Club Decal & other materials. For example: if your membership consists of you, your spouse, and one child you will pay \$30 for the 3 membership kits.

Tax Deductible Conservation & Education Donation (Optional) => D

Note: If you join after July 31st of this year you will NOT owe any dues for next year. TOTAL => E \$

TO DETERMINE HOW FAR YOU LIVE FROM ZIP CODE 91409 ... GO TO http://huntingdoncounty.net/hunt\_co/cwp/finddist.asp THEN ENTER YOUR ZIP CODE; ENTER 91409 AS TARGET ZIP CODE; CLICK "SET ZIP CODE". YOUR MILEAGE WILL APPEAR.

In consideration of the service of Sierra Pacific Flyfishers, Inc. and any other entities associated with it, and their agents, officers, volunteers, participants, employees and all other persons acting in any capacity on their behalf (hereinafter collectively referred to as "SPFF"), I hereby agree to release and discharge SPFF on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1. I acknowledge that boating, camping, canoeing, fishing, kayaking, rafting and similar activities entail known and unanticipated risks which could result in physical or emotional injury, paralysis, death or damage to myself, to property or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of such activities.

The risks include among other things: hazards of walking on sometimes slippery and uneven terrain, the potential for slips/falls, twist and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions or even more life threatening hazards; the use of rafts, canoe kayaks and equipment; the forces of nature including flooding, lightning and severe weather changes, drowning, being submerged or entrapped; exposure to insect, snake and animal bites and disease contracted from them; becoming very wet, cold or hypothermic; my own physical condition, and the physical exertion associated with such activities.

Furthermore, SPFF leaders and members have difficult jobs to perform. They seek safety, but they are not infallible. They might be ignorant of a participant's fitness or abilities. They might misjudge the weather, the elements or the terrain. They may give inadequate warnings or instructions, and the equipment being used might malfunction.

I realize that there are inherent and other risks involved in fishing activities on the road and on the water and in remote places, that injuries are a common and ordinary occurrence in adventure activities, that communications in remote places are inherently problematic, and that medical rescue is usually a long time in coming.

- 2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless SPFF from any and all claims, demands or causes of action which are in any way connected with my participation in its activities or my use of SPFF's equipment or facilities, including any such claims which allege negligent acts or omissions of SPFF.
4. Should SPFF, or anyone acting on its behalf, be required to incur attorney's fees or other legal costs, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself or cause to others. I further certify that I have no medical or physical conditions which would interfere with my safety in such activities, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any condition.
6. In the event that I file a lawsuit against SPFF, I shall do so solely in the State of California, and I further agree that the substantive law of that state shall apply in any such action without regard to any conflict of the law of that state with this release.
7. I represent to SPFF that my health and condition are such that I am able to participate in any of the activities attended. I will, in writing, notify SPFF of any health condition that may affect my participation in its activities. I have made no misrepresentations concerning my health, mobility, and condition to SPFF. I understand that the activities contemplated require good to excellent health and physical ability.
8. In consideration of any minor or minors accompanying me, even though not specifically named herein, being permitted by SPFF to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless SPFF From any and all claims which are brought by or on behalf of such minor(s), and which are in any way connected with such use or participation by such minor(s).
9. By signing this document, I acknowledge that if anyone is hurt or property damaged during my participation in any such activity, I may be found by a court of law to have waived my right to maintain a lawsuit against SPFF on the basis of any claim from which I have released them from herein.
10. I have had sufficient opportunity to read this entire document, fully understand it, and agree to be bound by its terms as stated or amended.

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

METHOD OF PAYMENT: [ ] CASH
(DO NOT MAIL CASH) [ ] CHECK# \_\_\_\_\_

Please submit this completed application with your payment to: MEMBERSHIP
SIERRA PACIFIC FLYFISHERS
PO BOX 8403
VAN NUYS, CA 91409