

Fly Quest

RELEASE OF LIABILITY

Participant's Name _____ Phone _____
(Please print)

Address _____
(Street) (City) (State)
(Zip)

Initial _____ I wish to participate in fly fishing and activities related to with Fly Quest.

Initial _____ I recognize that participation in recreation activities, even when well supervised and managed poses a risk to myself, including disabilities and death, and I agree to such risk.

Initial _____ In the case of injury, I authorize the staff of Fly Quest to render first aid and/or obtain whatever medical treatment she/he deems necessary for my welfare. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said treatment, regardless of whether my medical insurance would cover such charges and fees.

Initial _____ I agree that all exercises, activities, and use of facilities shall be undertaken by me at my sole risk and that Fly Quest and affiliates shall not be liable for any claims, demands, injuries, damages, actions, or cause of action, whatsoever to me or my property arising out of or connected with any of the services, activities, and facilities of Fly Quest or the premises where same are located and I do hereby expressly forever release and discharge Fly Quest or any of its' affiliates, servants, agents, and employees.

I have read, understood, and agree to the terms and conditions of this release.

Participant's Signature _____ **Date** _____
(If under age of 18, need Parent/Legal Guardian's signature below)

Parent/Legal Guardian's Signature _____ **Date** _____

RELEASE

Initial _____ I hereby give Fly Quest the right to use photographs and video taken of me this date for publishing, illustration, advertising, trade and promotion, or any other use in any medium for any purpose.

Initial _____ I hereby release Fly Quest from any claims and demands arising out of the use of the photographs or video. This release also covers legal representatives and any licensees of these photographs. I understand that photographs will be copyrighted in the name of Fly Quest and may be used in conjunction with other photographs, as part of a composite, or in any form whatsoever.

I am 18 years or older. ___ Yes ___ No

Participant's Signature _____ **Date** _____
(If under age of 18, need Parent/Legal Guardian's signature below)

Parent/Legal Guardian Signature _____ **Date** _____