



CARSON FLY FISHING CLUB - P.O. Box 3163 Carson City, NV 89702

MEMBERSHIP FORM - Year _____

- Name: _____
- Address: _____
- City: _____ State: _____ Zip: _____
- Phone: _____ E-Mail Address: _____
- Your level of expertise? Novice: _____ Intermediate: _____ Expert: _____
- What are your interests in fly fishing? _____

- Topics you would like the club to address? _____

Note: Dues run on a calendar year (Jan.-Dec.)

New membership dues received before November 15th are considered dues paid for the current calendar year and membership will need to be renewed at the beginning of the new year.

Please print this form, write your check for \$30, and mail it to NAME and ADDRESS above. Thank you.

WAIVER OF LIABILITY, ASSUMPTION OF RISK, and Emergency Contact Information

In consideration of being allowed to participate in CFFC events and activities, I, the undersigned, acknowledge, appreciate and agree that:

1. Knowingly and freely assume all such risks both known and unknown, and assume full responsibility for my participation; and I willingly agree

to comply with the stated instructions and policies and customary terms and conditions for participation.

2. I hereby release to the Carson Fly Fishing Club and its officers, directors and sponsors harmless with respect to any and all injury, disability,

death, or loss or damage to person or property, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

SIGNATURE _____ DATE: _____

Emergency Contact Information

NAME _____

RELATIONSHIP _____

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