



Family Release Form Pine Creek Flyfishing

www.pinecreekfly.com

All participants of Pine Creek Flyfishing or their parent/guardian must complete and return this form prior to participation in any Pine Creek Flyfishing activity. Form will be kept confidential and used in case of emergency.

Parent or Guardian Names & Addresses

Name _____ Address _____
Name _____ Address _____

Name of Minors Covered Under This Release (Adult signature(s) below covers each minor listed.)

Name _____ Date of Birth _____ Address _____
Name _____ Date of Birth _____ Address _____
Name _____ Date of Birth _____ Address _____
Name _____ Date of Birth _____ Address _____
Name _____ Date of Birth _____ Address _____
E-Mail _____
Phones (work) _____ (home) _____ (cell) _____

Please list allergies or special dietary considerations by participant name.

Participant _____ Condition/Allergy _____
Participant _____ Condition/Allergy _____
Participant _____ Condition/Allergy _____

Release of Liability

I understand that participation in certain activities (including but not limited to flycasting, wading, wildlife study, boating, camping, hiking, etc.) with Pine Creek Flyfishing may be physically and emotionally demanding. I affirm to the best of my ability that my and the above listed participants' health is good, and that we are not under a physician's care for any undisclosed condition that might endanger our health or that of other participants.

I recognize the inherent risk of physical injury that could result from any of these activities. I release, discharge, and hold harmless Pine Creek Flyfishing, its employees and agents from any and all liability from any injury to me and the above listed participants from participation in activities provided by Pine Creek Flyfishing.

I give Pine Creek Flyfishing staff permission, in case of accident or injury, to administer standard first aid and/or arrange transportation to a medical facility for me and the above listed participants.

In the event that participant is a minor, I give permission for full participation of said minor(s) and affirm the above statements as the minor's parent or legal guardian.

I have read and fully understand this release and hereto sign my name this ____ day of _____, 20 ____.

Signature of Participant (Parent/Guardian) Named Above