

**Derby City Fly Fishers
Membership Application Form**

Annual Membership Dues - Individual: \$20.00 Family: \$25.00

Make checks or M.O. payable to Derby City Fly Fishers (or DCFF)

Derby City Fly Fishers ■ c/o Bob Kincheloe ■ 11 Riding Ridge Rd ■ Prospect, KY 40059

Name (Adult #1): _____ Birthday: _____

Name (Adult #2): _____ Birthday: _____

Address: _____ Home phone: _____

City: _____ State: _____ Zip: _____

Cell phone: _____ Email Address: _____

Please complete the waiver on the next page

Fly Fishing Experience (Optional)

Adult #1

Beginner _____ Novice _____ Experienced _____

I am a member of: Federation of Fly Fishers (FFF) _____ Trout Unlimited (TU) _____

BASS _____ IWLA _____ NRA _____ DU _____ QU _____

Other sports organizations: _____

Please indicate interest in the following as Student (S) or Teacher (T):

Fly Casting _____ Fly Tying _____ Rod Building _____ Conservation Projects _____

Adult #2

Beginner _____ Novice _____ Experienced _____

I am a member of: Federation of Fly Fishers (FFF) _____ Trout Unlimited (TU) _____

BASS _____ IWLA _____ NRA _____ DU _____ Q _____
U _____

Other sports organizations: _____

Please indicate interest in the following as Student (S) or Teacher (T):

Fly Casting _____ Fly Tying _____ Rod Building _____ Conservation Projects _____

Youths (under 18 years of age) using membership

Name (Youth 1): _____ Birthday: _____ Interests: _____

Name (Youth 2): _____ Birthday: _____ Interests: _____

Name (Youth 3): _____ Birthday: _____ Interests: _____

Name (Youth 4): _____ Birthday: _____ Interests: _____

DCFF WAIVER AGREEMENT

Please read carefully – This is a waiver and release of liability

I, the undersigned, hereby acknowledge that I fully understand and accept that there are certain hazards and elements of danger inherent in many if not all activities which are beyond the control of the members, officers, directors, trip coordinators, guides, agents and employees of the Derby City Fly Fishers organization. I realize that my participation in these activities may result in personal illness or injury, due to accidents, the forces of nature, or other causes not foreseeable. Such illness or injury may include but is not limited to disease, strains, sprains, fractures, dislocations, paralysis and/or death. Possible injuries may cause serious and permanent disability. I also realize that my participation in the various activities may result in the loss of or damage to personal property.

Now therefore, intending to be legally bound, I hereby waive, for myself, and anyone else claiming through me, my right to sue or recover damages from the Derby City Fly Fishers organization, its members, officers, directors, trip coordinators, guides, agents, and employees for any illness or injury to my person, loss of life, and any damage or loss of personal property which may arise out of my participation in the Derby City Fly Fishers organization's activities, whether due to negligent or intentional acts or omissions or any other cause.

I understand that the Derby City Fly Fishers organization sponsors "cooperative adventures", where the group is collectively responsible for the conduct of activities. Further, I understand that no one but myself is responsible for judging my qualifications or for my safety when I choose to participate in any activity. I have received, read, understand, and accept the contents of the DCFF Activity Policy Statement. I further state that I am legally competent to sign this waiver and release of liability, and that I understand that the terms herein are contractual and a mere recital. I have read this waiver before signing it, and I have signed it voluntarily. This waiver has no expiration date.

Date _____ Printed Name (Adult 1) _____ Signature (Adult 1) _____

Date _____ Printed Name (Adult 2) _____ Signature (Adult 2) _____

Dependents over 18 years old:

Date _____ Printed Name (Adult 1) _____ Signature (Adult 1) _____

Date _____ Printed Name (Adult 2) _____ Signature (Adult 2) _____

Parents of minors: I give my permission for my son(s)/daughter(s) to participate in the activities of the Derby City Fly Fishers organization. I waive the rights described above with respect to the below named minor(s), and I further agree to indemnify the organization, its members, officers, directors, trip coordinators, guides, agents, and employees from any claims arising from the participation of the below named minor(s).

Date _____ Printed Name (Minor 1) _____ Parent or Guardian Signature _____

Date _____ Printed Name (Minor 2) _____ Parent or Guardian Signature _____

Date _____ Printed Name (Minor 3) _____ Parent or Guardian Signature _____

Date _____ Printed Name (Minor 4) _____ Parent or Guardian Signature _____

Make checks payable to Derby City Fly Fishers and send these completed forms and your check to:

Bob Kincheloe ■ 11 Riding Ridge Rd ■ Prospect, KY 40059

For more information about Derby City Fly Fishers, call Bob Kincheloe @ 502-552-1190