



North Louisiana Fly Fishers

P.O. Box 29531 · Shreveport, LA 71149
www.northlaflyfishers.org

Club Membership Form

Member Information*

Primary Member's Name: DOB:

Other Active Member or Spouse: DOB:

Street Address:

City: State: Zip:

IFFF Member?: Yes or No (Circle One) Home Phone:

Kayaker? Yes or No (Circle One) Cell Phone:

Fly Tyer? Yes or No (Circle One) Other Cell Phone:

Primary Email: Wireless Carrier:

@ Other Email: @

*NOTE: All information is confidential and for the private use of the NLFF.

Membership Class (Check One)

Family (\$35)
 3-Yr Family (\$90)

A parent or parents along with their children under 18 years of age. Limited to a two vote maximum.

Individual (\$30)
 3-Yr Individual (\$75)

All individual members are allowed one vote.

Student (\$20)

Any student under the age of 18, but not included in a Family Membership. Student members are considered to be full members and have one vote.

Active Military (\$20)

Any active member of the U.S. Armed Forces. Active military members are considered to be full members and have one vote.

Payment Method: Cash
 Credit Card Check

NOTE: Dues are payable by the end of January of each calendar year. Make checks payable to North Louisiana Fly Fishers (NLFF). Dues for **new** members joining on or after September 1st shall be valid through the end of the following year. For example, if you join on Sept. 10, 2016, your membership would be valid through the end of 2017.

**WAIVER, RELEASE OF LIABILITY AND ASSUMPTION OF RISK
For North Louisiana Fly Fishers Membership Year 2017**

TO BE COMPLETED AND SIGNED BY EVERY PARTICIPANT

In consideration of my participation in activities arranged for me by NORTH LOUISIANA FLY FISHERS, I hereby release and covenant not to sue NORTH LOUISIANA FLY FISHERS, its owners, shareholders, directors, officers, employees, representatives, agents, and lessees from any and all present and future claims resulting from ordinary negligence and inherent risk of my participation in any activities or arrangements and use of the facilities and equipment of NORTH LOUISIANA FLY FISHERS including but not limited to any loss, injury, damage, or liability sustained by me while on or about the premises of the club.

I am fully aware and understand that NORTH LOUISIANA FLY FISHERS does not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services including but not limited to emergency cardiovascular assistance.

I agree that immediately prior to participation in any activity arranged for me by NORTH LOUISIANA FLY FISHERS, I will inspect the facilities and equipment to be used and if any defect is apparent I will not use the facility or equipment and I will notify the management of NORTH LOUISIANA FLY FISHERS of the defect.

I further agree that if I am not knowledgeable in the proper use of any of NORTH LOUISIANA FLY FISHERS facilities or equipment I will obtain proper instruction for the correct use of such facility of equipment from a qualified individual before I will use the facility of equipment.

I further agree to indemnify and hold harmless NORTH LOUISIANA FLY FISHERS , its owners, shareholders, directors, officers, employees, representatives, agents, and lessees from any and all claims arising from my involvement in or receiving instruction for activities incidental thereto wherever, whenever and however the claims may arise including but not limited to travel to and from the activity site and participation at remote sites.

I assume all the foregoing risks and accept personal responsibility for any damages and loss following any loss of property, injury, permanent disability or death resulting there from.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER, RELEASE AND ASSUMPTION OF RISK AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER, RELEASE AND ASSUMPTION OF RISK AND SIGN IT VOLUNTARILY.

Any person under the age of 18 years must have a parent or guardian co-sign this form.

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

(This form to be kept on file for a minimum of five years.)