



As part of its activities program, the Delaware Valley Women's Fly Fishing Association, "DVWFFA" has agreed to organize fly fishing activities in or near certain bodies of water. As a condition of participating in said activities, the DVWFFA requires that each participant execute this Waiver and Release.

WAIVER AND RELEASE

I, _____, "Participant", know, understand and acknowledge that fly fishing is a potentially hazardous activity involving physical activity in and around bodies of water, the use of sharp objects and possible contact with other participants in the same environment using similar equipment. I recognize and agree that I should not participate in any of these activities unless I am medically able and physically suited for them. I assume any and all risks associated with participating in these activities, including but not limited to: falls, mishaps of all kinds associated with approaching, entering, moving about, or exiting bodies of water, boats and other vehicles, contact with other participants and their equipment and the conditions in the area where the activity is being conducted, all such risks being known and appreciated by me. I agree to act safely and adhere at all times to all of the rules of the facility where the activities are being held.

Knowing these facts, and in consideration of DVWFFA organizing these activities, I hereby for myself, my heirs, executors, administrators or any other person or entity who might claim on my behalf, covenant not to sue and waive, release and discharge DVWFFA and its officers, directors, agents and assigns and any and all individuals involved in organizing these activities or anyone acting for or on behalf of the foregoing from any and all claims of liability for personal injury, death, property damage or theft of any kind or nature whatsoever arising out of in the course of my participation in any of these activities. This Waiver and Release extends to all claims of every kind or nature whatsoever, foreseen, unforeseen, known or unknown.

Signature of Participant: _____

Printed Name: _____

Date: _____