

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 Membership Director PO Box 6344 Louisville, KY 40206

Name (Adult #1): \_\_\_\_\_ Birthday: \_\_\_ / \_\_\_ / \_\_\_\_\_

Name (Adult #2): \_\_\_\_\_ Birthday: \_\_\_ / \_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**VERY IMPORTANT**

Emergency Contact information:

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE READ AND COMPLETE LIABILITY WAIVER ON NEXT 2 PAGES**

Adult #1

Novice \_\_\_\_\_ Experienced \_\_\_\_\_ Proficient \_\_\_\_\_

I am a member of: Federation of Fly Fishers (FFF) \_\_\_ BASS \_\_\_ IWLA \_\_\_ NRA \_\_\_  
DU \_\_\_ Trout Unlimited (TU) \_\_\_

Adult #2

Novice \_\_\_\_\_ Experienced \_\_\_\_\_ Proficient \_\_\_\_\_

I am a member of: Federation of Fly Fishers (FFF) \_\_\_ BASS \_\_\_ IWLA \_\_\_ NRA \_\_\_  
DU \_\_\_ Trout Unlimited (TU) \_\_\_

Interest Options: FLYTYING; FLY CASTING, ROD BUILDING, CONSERVATION PROJECTS

Adult # 1 \_\_\_\_\_

Adult # 2 \_\_\_\_\_

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: \_\_\_\_\_

Questions contact Joe Gahlinger 502-472-3975 or joe@derbycityflyfishers.com

**DERBY CITY FLY FISHERS, INC.**  
**MEMBERSHIP APPLICATION FORM**  
**WAIVER AND RELEASE**

**Please read carefully—this is a waiver and release of liability.**

1. 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 (the “Activities”) conducted, organized or sponsored by Derby City Fly Fishers, Inc. (“Derby City Fly Fishers”) which are beyond the control of Derby City Fly Fishers or its members, officers, directors, trip coordinators, guides, agents or employees (collectively, the “Released Parties”). I understand that Derby City Fly Fishers 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 (and/or those of the minor(s) listed below) or for my safety (and/or the safety of the minor(s) listed below). I have received, read, understand, and accept the contents of the DCFE Activity Policy Statement on my own behalf (and/or on behalf of the minor(s) listed below).

2. I realize that participation in the Activities may result in personal illness or injury, due to accidents, the forces of nature, or other causes not foreseeable. Such illnesses or injuries may include but are not limited to disease, strains, sprains, fractures, dislocations, paralysis and/or death. Possible injuries or illnesses may cause serious and permanent disability. I also realize that participation in the Activities may result in the loss of or damage to personal property.

3. I HEREBY ASSUME ALL RISKS, WHETHER KNOWN OR UNKNOWN, AND RESPONSIBILITY FOR ANY LOSSES, COSTS OR INJURIES INCURRED IN CONNECTION WITH PARTICIPATION IN THE ACTIVITIES, EVEN IF ARISING FROM OR RELATING TO THE NEGLIGENCE OR GROSS NEGLIGENCE OF ONE OR MORE OF THE RELEASED PARTIES.

4. I HEREBY WAIVE ANY CLAIMS AGAINST, RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE RELEASED PARTIES WITH RESPECT TO ANY AND ALL LIABILITY TO ME OR TO THE MINOR(S) LISTED BELOW (WHETHER FOR DAMAGE TO PERSON OR PROPERTY) IN ANY WAY ARISING FROM OR RELATING TO PARTICIPATION IN THE ACTIVITIES (EVEN IF ARISING FROM OR RELATING TO THE NEGLIGENCE OR GROSS NEGLIGENCE OF A RELEASED PARTY).

5. I agree that this Waiver and Release shall be effective and binding on my heirs, next of kin, executors, administrators and representatives in the event of my death or incapacity (and/or those of the minor(s) listed below in the event of the minor(s) death or incapacity). I agree that if, despite this Waiver and Release, I or any person on my behalf (and/or on behalf of the minor(s) listed below) makes any claim against any of the Released Parties falling within the scope of the release set forth in this Waiver and Release, I will indemnify and hold harmless all of the Released Parties from and against such claim and any associated litigation expenses, attorneys’ fees, losses, liabilities, damages or other costs any of them may incur.

6. I agree that any disputes arising out of this Waiver and Release or otherwise involving me (and/or the minor(s) listed below) and any of the Released Parties shall be brought solely in Louisville, Kentucky, and I hereby consent to the jurisdiction of the United States District Court of the Western District of Kentucky and the Jefferson County Circuit Court. I further agree that the laws of the Commonwealth of Kentucky shall govern the terms of this Waiver and Release and the relationship between the parties, including the rights, duties and obligations of each.

7. I agree that this Waiver and Release sets forth the entire understanding between the parties with respect to its subject matter and supersedes and replaces any and all prior or contemporaneous warranties, representations, or agreements, whether oral or written, other than those contained in this Waiver and Release. This release may not be amended or modified except in a writing signed by all parties.

8. I agree that this Waiver and Release is intended to be interpreted as broadly and expansively as permitted under the laws of Kentucky and that if any portion herein is held invalid, I agree that the remaining provisions shall continue in full legal force and effect.

I have read this Waiver and Release, I understand its terms, and I enter into it knowingly, intentionally and voluntarily for the purpose of inducing Derby City Fly Fishers to allow me to participate in the Activities.

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

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

**Parents/Guardians of Minors:** I give my permission for the minor(s) listed below to participate in the Activities. I have read this Waiver and Release, I understand its terms, and I enter into it knowingly, intentionally and voluntarily for the purpose of inducing Derby City Fly Fishers to allow the minor(s) listed below to participate in the Activities.

_____	_____	_____
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 to Derby City Fly Fishers and send these completed forms and your check to:

Derby City Fly Fishers □ c/o Membership Director □ P.O. Box 6344 □ Louisville, KY 40206