



ASSUMPTION OF RISK

*(Please complete this page for each person who will be participating in an SBF event)*

I AM FULLY AWARE THAT FLYFISHING, ENVIRONMENTAL PROJECTS, YOUTH PROGRAMS AND TRAINING, AND ANY AND ALL OTHER ACTIVITIES OF THE SANTA BARBARA FLYFISHERS, INC. CAN BE HAZARDOUS. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH THE KNOWLEDGE OF THE INHERENT DANGER INVOLVED AND REALIZE THAT PROPERTY DAMAGE, PERSONAL INJURY OR DEATH CAN OCCUR. I HEREBY VOLUNTARILY ASSUME ALL RISK OF PERSONAL INJURY, PROPERTY DAMAGE, WRONGFUL DEATH OR LOSS OF SERVICES TO ME.

RELEASE FROM LIABILITY

I hereby voluntarily release, waive and discharge any and all actions or causes of action for personal injury, property damage, wrongful death or loss of services occurring to me, which may arise as a result of or in connection with any and all activities ("Activities") of Santa Barbara Flyfishers, Inc., whether caused by the negligence of Santa Barbara Flyfishers, Inc. Membership, Committee Members, Officers or Directors, ("Releasees") or otherwise. I exempt and relieve Releasees from liability for personal injury, property damage, wrongful death or loss of services to me caused by negligence. I agree not to sue or make a claim against the Releasees for negligence relating to or in connection with the Activities. In the event I shall prosecute any such claim, then I shall indemnify and hold Releasees harmless from any loss or liability, including costs and attorneys' fees. Santa Barbara, California shall be the exclusive jurisdiction for any such suit or claim, which shall be resolved and determined by arbitration pursuant to the rules of the American Arbitration Association at Santa Barbara, California in accordance with the laws of the State of California.

This document shall be binding upon me and my successors, heirs, executors, administrators and assigns.

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**Check One: Member:**  **Guest:**

**If Guest: Event/Activity** \_\_\_\_\_ **Dates:** \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_  
(For minor) Print Name: \_\_\_\_\_

Address \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_