

**LONG BEACH CASTING CLUB (LBCC)  
VOLUNTARY WAIVER, RELEASE OF LIABILITY, ASSUMPTION OF RISK AND HOLD  
HARMLESS AGREEMENT**

**This form to be completed by ALL non-member participants in all LBCC activities (the only exceptions are monthly meetings or similar social events, clean up days and club banquets.)**

**In consideration for being permitted to participate in the Long Beach Casting Club's activities, including but not limited to fly fishing, fly casting, fly tying, fishing trips (Fly Fishing Activities), I agree to assume all risks associated with my participation in Fly Fishing Activities. I acknowledge that my participation is at my own risk, volition, initiative and responsibility.**

**I acknowledge and understand that Fly Fishing Activities have inherent risks and dangers which could result in illness, injury or even death. These risks include but are not limited to: water hazards which may result in drowning; hiking in rugged country; environmental hazards, injury from fishing equipment, injury from the actions of other participants; encounters with wildlife, animals and insects; temperature extremes; inclement weather conditions; unavailability of immediate medical attention in case of physical injury or ill health.**

**I do hereby, for myself, my heirs, executors, and administrators agree to fully release, hold harmless, indemnify and forever discharge the Long Beach Casting Club and any of its agents, members, instructors, activity leaders, volunteers, directors, successors and assigns acting officially or otherwise from any and all claims, demands, actions, or causes of action on account of my death, or on account of any injury to me or my property which may occur from any cause whatsoever while participating in Fly Fishing Activities.**

**Further I agree that I will be responsible for any costs incurred if I require rescue, evacuation or medical attention during my participation in Fly Fishing Activities. I hereby give my permission for a licensed physician to provide proper treatment, including hospitalization, anesthesia or surgery.**

**If participant is a minor, this release must be accepted and signed by minor's parent or legal guardian .**

**I HAVE READ AND SIGNED THIS AGREEMENT VOLUNTARILY. I FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS AND THAT THE TERMS SET FORTH IN THIS AGREEMENT ARE CONTRACTUAL IN NATURE AND NOT MERE RECITALS.**

**Print Participant's Name:**

**Signature:**

**Date:**

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**Minor participant's parent or legal guardian:**

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**Event:**

**Event Leader:**

**Event Date(s):**