**MembershipApplication  
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NORTHERN ARIZONA FLYCASTERS

PO BOX 2924

FLAGSTAFF, ARIZONA 86003

WWW.NAZFLYCASTERS.ORG

CONSERVATION, RESTORATION AND EDUCATION THROUGH FLY FISHING

Membership application

 NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CITY/STATE/ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_

 PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Regular         Family       Student Renewal        New

 Member Referred by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  Do not share information with any affiliates or related businesses or corporations

 REGULAR                                                             $30.00

FAMILY-PARENTS AND CHILDREN UNDER 18       $40.00

STUDENT                                                              $10.00

 Meetings are normally held on the first Wed. of each month at 7 PM at: the Game and Fish Building3500 Lake Mary Road, Flagstaff, AZ  86004

Please bring your application to a meeting or mail to the address above.

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| **NORTHERN ARIZONA FLYCASTER, INC.**  **WAIVER/RELEASE AGREEMENT**  **PLEASE READ CAREFULLY – THIS IS A WAIVER AND RELEASE OF LIABILITY**    I, the undersigned, hereby acknowledge that I fully understand and accept that there are certain hazards and elements of danger inherent in many of not all activities which are beyond the control of the members, officers,  directors, trip coordinators, guides, agents and employuees of the Northern Arizona Flycasters, Inc.  I realize that my participation in these activities may result in personal illness or injury, due to accidents, the forces of nature, or other causes not foreseeable.  Such illness and injury may include disease, strains, sprains, fractures, dislocations, paralysis, and/or death.  Possible injuries may cause serious and permanent disability.  I also realize that my participation in the various activities may result in the loss of or damage to personal property.   I understand that the Northern Arizona Flycasters, Inc. organization sponsors activities where the group is collectively responsible for the conduct of the activities.  Further, I understand that no one but myself is responsible for judging my qualifications or fro my safety when I choose to participate in any activity.  I have received, read, understand, and accept the contents of the NAF ACTIVITY POLICY STATEMENT.  I further state that I am legally competent for sign this waiver and release of liability, and that I understand that the terms herein are contractual, and are not a mere recital.  I have read this waiver before signing it, and I have signed it voluntarily.  This waiver has no expiration date.    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_            \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_            \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date                                         Printed Name                                                   Signature    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_            \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_            \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date                                         Printed Name                                                   Signature      PARENTS OF MINORS:  I give permission for my son(s)/daughter(s) to participate in the activities of the Northern Arizona Flycasters, Inc. Organization.  I waive the rights described above with respect to the below named minor(s), and I further agree to indemnify the organization, its members, officers, directors, trip coordinators, guides, agents and employees from any claims arising from the participation of the below named minor(s).      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_            \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_            \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date                                         Minor’s Printed Name                          Parent or Legal Guardian    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_            \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_            \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date                                         Minor’s Printed Name                          Parent or Legal Guardian |