



**ADULT  
HOLD HARMLESS AGREEMENT**

**In consideration of the right granted me to participate in the High Plains Drifters' events, such as fishing trips, picnics, outreach programs and membership meetings, I, the undersigned, in acknowledgment that I am doing so entirely upon my own initiate, risk and responsibility do hereby, for myself, my heirs, executors, and administrators, agree to remise, fully release, hold harmless, and forever discharge High Plains Drifters, the Eastern Rocky Mountain Council, Inc. and the Federation of Fly Fishers, Inc., all their officers and volunteers, acting officially or otherwise, from any and all claims, demands, actions or causes of actions, 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 the above named program. I fully understand the risks and dangers involved in fly fishing particularly when wading or boating in rivers and lakes,**

**In the event of injury by accident while participating in the above named program, I hereby authorize the High Plains Drifters, its employees, officers, members and agents to seek the appropriate medical attention as deemed necessary.**

**I have read this Agreement and fully understand the release I am giving. I further attest that I am an adult capable of consenting to this Agreement.**

\_\_\_\_\_  
**Name of Participant (please print)**

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**



**YOUTH  
HOLD HARMLESS AGREEMENT**

**In consideration of the right granted me to participate in the High Plains Drifters' events, such as fishing trips, picnics, outreach programs and membership meetings, I, the undersigned, in acknowledgment that I am doing so entirely upon my own initiate, risk and responsibility do hereby, for myself, my heirs, executors, and administrators, agree to remise, fully release, hold harmless, and forever discharge High Plains Drifters, the Eastern Rocky Mountain Council, Inc. and the Federation of Fly Fishers, Inc., all their officers and volunteers, acting officially or otherwise, from any and all claims, demands, actions or causes of actions, 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 the above named program. I fully understand the risks and dangers involved in fly fishing particularly when wading or boating in rivers and lakes,**

**In the event of injury by accident while participating in the above named program, I hereby authorize the (name of organization), its employees, officers, members and agents to seek the appropriate medical attention as deemed necessary.**

**I have read this Agreement and fully understand the release I am giving. I further attest that I am an adult capable of consenting to this Agreement.**

\_\_\_\_\_  
**Name of Participant (please print)**

\_\_\_\_\_  
**Signature of Participant**

**I have read this Agreement and fully understand the release I am giving. I further attest that I am the parent or guardian of the above participant and am an adult capable of consenting to this Agreement.**

\_\_\_\_\_  
**Signature of Parent or Guardian**

Date \_\_\_\_\_