

MEMBERSHIP APPLICATION / RENEWAL AND RELEASE

The undersigned hereby applies for membership or renewal, in the **Kayak Fishing Association of NY, Ltd.** ("KFA"). I have read, understand and agree to the KFA Bylaws and the inherent risk in participating in the activities of **KFA**, including fishing trips, which **KFA** may make available to members. I understand that **KFA** activities may take me into remote areas, and that I may not be able to be promptly evacuated or receive proper medical care in the event of injury or disease. I further understand that I am solely responsible for all costs of medical treatment and transportation.

I represent that I have the knowledge and experience to kayak in any sea or water condition and weather in which I choose to participate. I acknowledge that I am solely responsible for my decision to participate even if the **KFA** or any of its members decides to kayak or fish.

Intending to be legally bound, for myself, my heirs, executors, and administrators, except to the extent that indemnity insurance might be available, I waive, release, indemnify, and hold harmless, KFA, its Officers, Board of Directors, and members, against any and all claims for personal injury, disease, death, and property damage or loss, that I may incur, arising out of or connected in any way with any and all KFA activities ("Claims"). I assume the risk of undertaking all KFA activities, including related travel. I will pay all defendants' attorneys' fees and costs if I bring a legal action with respect to any Claims.

All members must attend a minimum of 1 Indoor Meeting to be eligible for renewal the following year.

**APPLICANT INFORMATION:**

Signature : \_\_\_\_\_ Date: / /  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Cell Phone: ( ) Home Phone: ( ) Other Phone: ( ) E-mail: \_\_\_\_\_

KFA Screen name: \_\_\_\_\_ Spouse/SO : \_\_\_\_\_

Are you 18 years of age or older? [ ] YES [ ] NO

If under the age of 18, signatures from parents/guardians required:

Mother /Guardian: \_\_\_\_\_ Date: / /

Father / Guardian: \_\_\_\_\_ Date: / /

In case of emergency, when reasonably feasible, contact: \_\_\_\_\_

Name: Relationship : \_\_\_\_\_ Cell:( ) Home: ( ) Office: ( )

Dues : Individual, not yet a member: \$60.00/year Individual, currently a KFA-NY member: \$45.00/year

**MAIL THIS COMPLETED SIGNED FORM, WITH YOUR CHECK TO:**

Kayak Fishing Association of NY. C/O Rick Gambino 25 Setalcott Pl., Setauket NY 11733

