



Project Healing Waters Fly Fishing Photo Imaging and Hold Harmless Agreement and Consent Form

Event: _____ Date: _____

In consideration of the opportunities and services offered by Project Healing Waters Fly Fishing, Inc., (PHWFF) and Project Healing Waters Fly Fishing-Denver (PHWFF-Denver) programs and my participation in them, I agree to permit all PHWFF programs to use photographs, video and/or other visual images of me, and narrative material about me and my participation in PHWFF programs, for their educational and promotional efforts, and their Web sites.

I assign all rights, title and interest in and to the material and the copyright of the materials to PHWFF and PHWFF-Denver. I waive any right to inspect and approve photos, videos and/or other visual images and narrative material about me, and any advertising and promotional text with which they are connected.

I understand that the circulation of such materials could be nationwide and that there will be no compensation to me for the use of such materials by PHWFF and PHWFF-Denver. I waive any claim and all causes of action I may have against PHWFF and PHWFF-Denver for their use of photographs, video and/or other visual images of me, and narrative material about me.

In addition, in consideration of the right granted me to participate in PHWFF and PHWFF-Denver programs, I, the undersigned, in acknowledgment that I am doing so entirely upon my own initiative, risk and responsibility, do hereby, for myself, my heirs, executors, and administrators, agree to remise, fully release, hold harmless, and forever discharge PHWFF, PHWFF-Denver, the Federation of Fly Fishers, Inc., Trout Unlimited, Inc., or any other organization, 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 any flowing or stillwaters. In the event of injury by accident while participating in the above named program, I hereby authorize PHWFF and PHWFF-Denver and their 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. The rights and protections granted in this document may be exercised by PHWFF and PHWFF-Denver at any time without limitation.

Name:

Signature:

(MORE)

