

STFF Mailing Address:
PO Box 990002
Redding, CA 96099



www.shastatrintityflyfishers.com

Important Information:

- Members with a PayPal account can register / renew their membership on our website.
- If you do not have PayPal, please use this form and send it with your payment.
- New members who join on July 1 or after will pay half of the Annual Dues for that year.
- Individual and Family Membership includes members of your family residing in your home.
- Junior Membership is free under the age of 18, but must include the signature of a Parent/Guardian to join.
- Active Members who fail to renew before January 15th will be dropped from the club roster.

Annual Membership: ☐New \$45 ☐Renewal \$40 ☐After July 1 \$20.00 ☐Junior \$0 ☐PHW 1st year
(New membership includes a name tag)

Please print the following Information for our club roster and mailing list:

Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone Number: _____ **Email:** _____

Emergency Contact: _____

Emergency Contact Phone: _____

Emergency Contact Email: _____

Family to be included in your membership:

1. _____ 2. _____
2. _____ 4. _____

I'm interested in the following club activities:

- | | |
|---|--|
| <input type="checkbox"/> Beginning Fly Tying Classes | <input type="checkbox"/> Rod Building Class |
| <input type="checkbox"/> Beginning Fly Tying | <input type="checkbox"/> Net Building Class |
| <input type="checkbox"/> Intermediate Fly Tying | <input type="checkbox"/> Casting Class |
| <input type="checkbox"/> Mentoring a Beginner | <input type="checkbox"/> Volunteering |

Liability Release and Hold Harmless Agreement

The undersigned, in acknowledgement that I am doing so entirely upon my own initiative, risk and responsibility do hereby, for myself, my heirs, executors, and administrators, agree to remis, fully release, hold harmless, and forever discharge Shasta Trinity Fly Fishers, Inc., (STFF), of actions, on account of my death or on account of any injury or illness, including, but not limited to COVID-19, that I may suffer or damage to myself or my property which may occur arising from or as a result of any cause whatsoever while participating in any STFF program or event. I fully understand the risks and dangers involved in fly fishing, particularly when wading or boating in rivers and lakes. I acknowledge by my signature below that I will comply with any and all directions and instructions from any staff or volunteer associated with any event or program regarding masking, sanitizing and social distancing as may be prescribed or required by Federal, State, or Local Guidelines, Laws, Regulations or Ordinances in connection with COVID-19 or persons exposed to or infected by COVID-19 and I expressly assume that risk. In the event of injury by accident while participating in any program and/or event, I hereby authorize STFF, its officers, members and agents to seek the appropriate medical attention as deemed necessary. I have read this Agreement and fully understand the release that I am giving. I further attest that I am an adult capable of consenting to this.

Member Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____