



Anglers for Conservation
P.O. Box 372423
Satellite Beach, FL 32937
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HOOK KIDS ON FISHING PROGRAM
REGISTRATION / INJURY WAIVER FORM

I, _____ (your name), being of sound mind and body acknowledge that I and my dependants (Children's names)

_____ will be attending today's Hook Kids on Fishing, c/o Anglers for Conservation.

In the event I or my dependents are injured or suffer any short-term or long-term physical harm, I release **Anglers for Conservation INC**, its organizers, promoters, sponsors, instructors, board of directors, staff, contract hires, participants, etc. from any and all liabilities now or in the future including but not limited to medical, hospital, paramedic or ambulatory care.

I also understand and agree that photographs and video may be taken throughout the AFC's Hook Kids on Fishing Program. I hereby give permission for any and all photographs or video taken at this program to be used for the advertisement and promotion of this educational program.

I hereby affirm that I have read fully, understand and agree with the above statements.

HOOK KIDS ON FISHING
INJURY WAIVER FORM

Signature: _____ **Date:** _____

Contact Information: (Please Print)

Name: _____

Relationship: _____

Email Address: _____

Emergency Cell Phone Contact: _____

Zip Code: _____