

Frederick Chapter #1
Of the "Izaak Walton League of America"

Hold Harmless Agreement

**Note: This is a legal document. Seek the advice
of an attorney if you do not understand it.**

1. In consideration for permission to participate in activities at the Frederick Chapter #1 of the "Izaak Walton League of America" (FC1-IWLA) and other valuable considerations, I (the undersigned) hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the FC1-IWLA, the Board of Governors, their officers, FC1-IWLA Chapter Members, servants, agents or my required accompanying chapter member (hereinafter referred to as (RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activities, or while in, on or upon the premises where the activities are being conducted or in transportation to and from said premises.
2. To the best of my knowledge, I (the undersigned) can fully participate in these activities. I (the undersigned) am fully aware of the risks and hazards connected with the activity, including but not limited to the risks as noted herein, and I hereby elect to voluntarily participate in any activities, and to enter the above-named premises and engage in such activities knowing that these activities may be hazardous to me and my property. I (the undersigned) VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.
3. I (the undersigned) further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees, that may incur due to my participation in said activities, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.
4. It is my express intent that this Release and Hold Harmless Agreement shall bind all members of my family and spouse (if any), if I (the undersigned) am alive, and my heirs, assigns and personal representative(s) if I am not alive, shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above named RELEASEES. I (the undersigned) hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Maryland.
5. I (the undersigned) UNDERSTAND THAT THE RELEASEES WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH AN INJURY I MAY SUSTAIN IN ACTIVITIES OUTLINED IN SECTION 1 OR OTHER FC1-IWLA RELATED ACTIVITIES OUTSIDE OF THE CHAPTER GROUNDS, INCLUDING AND NOT LIMITED TO THE FC1-IWLA YOUTH HUNTER EDUCATION CHALLENGE TEAM INVOLVEMENT AND CHAPTER FUNDRAISING EVENTS. I (the undersigned) UNDERSTAND THAT THE RELEASEES WILL NOT BE RESPONSIBLE FOR ANY ECONOMIC, EMPLOYMENT, OR QUALITY OF LIFE COSTS ASSOCIATED WITH AN INJURY I MAY SUSTAIN PURSUANT TO THE ABOVE.
6. I (the undersigned) further agree to become familiar with the rules and regulations of the FC1-IWLA concerning conduct and not to violate said rules or any directive or instruction made by the person or persons in charge of said activity and that I will further assume the complete risk of any activity done in violation of any rule or directive or instruction.
7. I (the undersigned) ALSO UNDERSTAND THAT I AM RESPONSIBLE FOR ANY DAMAGE I CAUSE TO THE FACILITIES.

POSSIBLE INJURIES WHICH MAY OCCUR

There are risks involved when participating in all activities associated at this facility and on the FC1-IWLA property. Some of the possible injuries and bodily harm which can occur through participation in the programs are listed below. This list is provided to make the prospective participant aware of the possibilities of injuries which may be sustained. The individual is completely responsible for his/her own safety and health.

POSSIBLE INJURIES INCLUDE BUT NOT LIMITED TO: strains, sprains, pulls, tears, cramps, infection, rashes, vomiting, bruises, contusions, wounds (abrasions, incisions, lacerations, punctures, avulsions), insect bites, dislocation, blisters, nosebleeds, broken bones, fractures, choking, respiratory or heart failure, heat exhaustion, heat stroke, fainting, nerve damage, shock, paralysis, concussion, dismemberment, and in an extreme case = death.

BODY AREAS WHICH MAY BE AFFECTED OR INVOLVED IN SPORTS INJURIES: head, face, eye, jaw, teeth, mouth, neck, nose, chest, abdominal, back, arms, elbow, hands, fingers, wrists, shoulders, genital organs, scalp, bones, leg, knee, hip, ankle, feet, toes, internal organs, nerves, muscles, ligaments, cartilage, joints, tendons, spinal cord, arteries and veins, brain.

I (the undersigned) have reviewed the above information and am aware of the risks in participating in the activities and the possible injuries which may occur.

IN SIGNING THIS RELEASE, I (the undersigned) ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I (the undersigned) am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by the same.

IN WITNESS WHEREOF, I have hereunto set my hand on this _____ day of _____, _____.

_____ Participant or Club Member Signature	_____ Date	_____ If under 18, signature of legal guardian	_____ Date
_____ Participant's or Club Member's Printed Name		_____ If under 18, printed name of legal guardian	

EMERGENCY CONTACT INFORMATION

Contact Name: _____ Cell/Mobile Number _____ Home Phone: _____

Alternate Contact Name: _____ Phone Number: _____

This form should be properly signed and turned in at the time of registration/participation. In case of such accident or illness, I give permission for medical treatment to be given to me as deemed appropriate. I (the undersigned) will assume responsibility for any medical treatment as deemed appropriate. I (the undersigned) will assume responsibility for any medical bills incurred on my behalf.

Parent or Legal Guardian

_____ Printed Name	_____ Signature	_____ Date
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6/10/2025