

Have you been in any high risk encounters with the general public for longer than 30 minutes while not wearing a face covering and not washing hands with soap and water for at least 20 seconds or using an alcohol based hand sanitizer after contact with commonly touched surfaces? Yes NO circle one and initial  
Time and Date \_\_\_\_\_ initials of FFP employee, guide or subcontractor \_\_\_\_\_  
Temperature and initials of Client 1 = Client 2 = Client 3 = Client 4 = Guide 1 =  
Guide 2 =

The Fly Fisher’s Place, Inc. (FFP) has put in place preventative measures to reduce the spread of COVID-19: However, The FFP cannot guarantee that you or your child(ren) and other family members will not become infected with COVID-19. Further, participating in guide trips, schools and clinics could increase your risk and your child(ren)’s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that by participating in guide trips, schools and clinics offered by The FFP that I may be exposed to or infected by COVID-19. Further, I/we acknowledge that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand the risk of becoming exposed to or infected by COVID-19 while participating in a FFP guide trip, school, or clinic, may result from the actions, omissions, or negligence of myself and others, including, but not limited to, FFP employees, FFP Subcontracted Guide Staff, hired Shuttle Drivers and Shuttle Staff and other customers and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself or any of my immediate or extended family members (including but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with our participation in a FFP guide trip, school, or clinic or participation in FFP programs (“Claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless The Fly Fisher’s Place, Inc., it’s employees, subcontractors, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Fly Fisher’s Place, Inc., it’s employees, subcontractors, agents, and representatives, whether COVID-19 infection occurs before, during, or after participation in any FFP guide trip, FFP school or FFP clinic.

As a participant of an FFP guided trip or clinic I assume personal responsibility for practicing social distancing and practicing sanitizing guidelines put forth by the CDC, U.S. Government and Local Health Authorities including wearing PPE, hand washing and the use of sanitizers when soap and water are not a viable option on the guided trip or clinic, and doing my part in maintaining 6 feet of separation from the FFP guide(s) or other members of the trip or clinic as much as possible in the activity I’ve voluntarily chosen to participate in.

My signature below indicates I have read this entire document, understand it and completely agree to be bound by it’s terms.

Sign and Date \_\_\_\_\_

Sign and Date \_\_\_\_\_

Sign and Date \_\_\_\_\_

Sign and Date \_\_\_\_\_

Signature of Parent or Guardian for participants under 18 years of age and Date \_\_\_\_\_

Signature of Parent or Guardian for participants under 18 years of age and Date \_\_\_\_\_

Signature of Parent or Guardian for participants under 18 years of age and Date \_\_\_\_\_

Signature of Parent or Guardian for participants under 18 years of age and Date \_\_\_\_\_