



Izaak Walton League of America

Rockville Chapter

Liability Release Statement

Each Participant Must Sign (Regardless Of Age)

The participant, by signing below, acknowledges these activities involve some risk and she/he assumes responsibility for her/his actions and for any injury that may result from participating and also waives and releases all other participants, the hosts, sponsors, partners, instructors, the Izaak Walton League of America officials, and/or other parties involved in these activities from all claims and/or damage from injury incurred in connection with the Izaak Walton League of America.

In addition, participant grants the hosts, sponsors, co-sponsors, partners and the Izaak Walton League of America the unconditional right to use the name, voice, and photographic likeness of the person listed below, in regards to any of the publications and audio/visual productions.

_____	_____	_____
Participant's Name	Date	Activity
_____	_____	_____
Participant's Name	Date	Activity
_____	_____	_____
Participant's Name	Date	Activity
_____	_____	_____
Participant's Name	Date	Activity
_____	_____	_____
Participant's Name	Date	Activity

Parent/Guardian's Name (If age under 18)

In case of emergency, please contact: _____
(Name, relationship and phone number)

Name of Insurance Carrier: _____

Policy Number: _____

I authorize the IWLA Rockville staff to take my child listed above to receive medical attention in the case of an emergency.

Signature of Parent or Guardian

Date