

RELEASE OF LIABILITY & ASSUMPTION OF RISK



Participant Information

Full Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Emergency Contact: _____

1. ACKNOWLEDGMENT OF RISK

I acknowledge that participation in guided fishing trips with **Reel Good Fishing** involves inherent risks including, but not limited to:

- Slippery rocks, riverbanks, and uneven terrain

- Drowning or water-related hazards
- Injuries from hooks, rods, or equipment
- Wildlife encounters
- Changing water levels and weather conditions
- Physical exertion

I understand these risks may result in serious injury or death.

2. ASSUMPTION OF RISK

I voluntarily assume all risks, both known and unknown, even if arising from the negligence of **Reel Good Fishing** to the fullest extent allowed under Arkansas law.

3. RELEASE AND WAIVER

I hereby release, waive, and discharge **Reel Good Fishing**, its owner, guides, employees, contractors, and affiliates from all liability, claims, demands, or causes of action arising out of or related to:

- Personal injury
- Property damage
- Illness or death

This applies whether caused by negligence or otherwise, to the fullest extent permitted by the laws of the State of Arkansas.

4. INDEMNIFICATION

I agree to indemnify and hold harmless **Reel Good Fishing** from any claims brought by third parties because of my participation.

5. MEDICAL AUTHORIZATION

I authorize emergency medical treatment if necessary and accept full financial responsibility.

6. FITNESS TO PARTICIPATE

I certify I am physically and mentally capable of participating safely.

7. MEDIA RELEASE (OPTIONAL)

- I authorize use of my image for marketing
 - I do NOT authorize
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8. GOVERNING LAW

This agreement shall be governed by and interpreted under the laws of the State of Arkansas.

9. SEVERABILITY

If any portion is found unenforceable, the remainder remains in full effect.

ACKNOWLEDGMENT

I HAVE READ THIS AGREEMENT AND UNDERSTAND I AM WAIVING LEGAL RIGHTS.

Signature: _____

Printed Name: _____

Date: _____

Parent/Guardian (if under 18)

Signature: _____

Name: _____

Date: _____