

# Kodiak Fishing For Friends

## *RELEASE OF LIABILITY*

I agree for myself and (if applicable) for the members of my family that, in exchange for participation in the following activity of: Kodiak Alaska Fishing Trip

Which has been organized by Shaun Heaton of Kodiak Fishing For Friends, of 526 South 490 West, Orem, UT 84058

To the following:

- I agree to obey and observe any and all posted warnings and rules, and agree to follow any directions or oral instructions given by Shaun, or the representatives, employees or agents of Shaun.
- I understand that my and (if applicable) my family members time on this trip may include various activities that may be hazardous to myself and (if applicable) my family members. I hereby expressly and specifically assume the risk of injury or harm in these activities and release Shaun Heaton and Kodiak Fishing For Friends from any and all liability for injury, illness, loss, death, or property damage resulting from the activities of my or my family's use of or presence on this trip, whether caused by the fault of myself, my family, or other third party.
- I agree to indemnify and hold harmless Shaun Heaton and Kodiak Fishing For Friends, its affiliates, and its respective officers, directors, agents and employees from any and all claims, demands, losses, causes of action, damage, lawsuits, judgments, including attorneys' fees and costs, arising out of my or my family's use of or presence on this trip of Shaun.
- In the event of damages, I agree to pay for any and all damages that may be caused by me or my family's negligent, reckless, or willful actions.
- Any equitable or legal claim or claims that may arise from the participation in the above shall be resolved under the laws of the State of Utah.
- The name of the person signing the release on behalf of the minor is \_\_\_\_\_.  
The address of the person who will sign the release for the minor is \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(address) (city) (state) (zip)
- The person signing the release of behalf of the minor is the minor's \_\_\_\_\_  
(relationship)
- The Released Party has the authority to seek medical treatment for the minor, beginning on \_\_\_\_\_ and ending on \_\_\_\_\_.  
(begin date) (end date)

# Kodiak Fishing For Friends

I HAVE READ THIS DOCUMENT AND I UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(city) (state) (zip)

In case of an emergency, please call \_\_\_\_\_

(Relationship): \_\_\_\_\_ at \_\_\_\_\_  
(phone number)

## Review List for Release of Liability

Released Party: \_\_\_\_\_

Participant: \_\_\_\_\_

\_\_\_\_\_

## Legalize Your Document

\_\_\_\_\_ It is not necessary that the signature be witnessed or notarized, but the Release of Liability should be signed by \_\_\_\_\_.

## Copies

\_\_\_\_\_ retains the original signed copy of the Release of Liability document.

\_\_\_\_\_ Give a copy to \_\_\_\_\_ for his or her records.