2025 Annual Membership Dues
$30.00
Students under 17 years old - free

All members receive a membership card (with two club stickers for first time members), along with inclusion in club e-mails including fishing trips, activities, club functions, etc.

Print, fill out and mail this completed form with check or money order made out to:

Saltwater Fly Anglers of DE

(Please do not include money for other club functions such as the Grand Raffle or the Holiday Dinner. They are handled separately by other persons.)

Mail to: Bill O'Connor
31238 Mohican Drive
Dagsboro, DE 19939-4155

Your Name _____

Street Address _____

Town _____

State ____ Zip Code _____ Phone _____ ( ) cell ( ) land line

Age _____

E-mail (please print plainly) _____

By submitting this application, I acknowledge that I have read and understand the liability release on page 2 and agree to assume all risks inherent with club associated activities or outings and further agree to abide by all rules of the SFAOD. This release of liability shall remain in effect as long as I am a member or am otherwise on the premises of the SFAOD.

Signature (must be signed) _____

SALTWATER FLY ANGLERS OF DELAWARE

RELEASE OF LIABILITY STATEMENT

The act of fly fishing, fly tying, and other associated "club activities" involve inherent risk(s) and therefore the potential for personal injury and/or property damage. Risks include, but are not limited to death, drowning, bodily injury, sunburn, dehydration, insect or animal bites, encounters with wildlife, and other harm which may be encountered in participating in wading, boating, other vehicles, supervised and unsupervised fishing, and all activities associated therewith. Participating in club activities is voluntary and should be done with safety in mind, whether at the club house or off-site.

I recognize and agree that I should not participate in any of these activities unless I am medically able and physically suited for them. I assume any and all risks associated with participating in all club activities. I certify I have sufficient health, accident, and liability insurance to cover any bodily injury or property damage I may incur while participating in club activities and to cover bodily injury or property damage caused to a third party as a result of my participation. If I have no insurance, I certify that I am capable of personally paying for any and all such expenses or liabilities, including medical services to me or any minor I have authorized to participate. I agree that I will not hold the Saltwater Fly Anglers of Delaware (SFAOD) liable regarding the provision of medical and/or emergency care or the adequacy of any such care. I will have no right to make claim or file a lawsuit against SFAOD or its Board of Directors, Officers, Agents or Volunteers. SFAOD reserves the right to decline service to any person it judges incapable of meeting the requirements of participating in fishing related activities.

In consideration of the SFAOD organization permitting me to have access to and use of the club premises located at Rolling Meadows Clubhouse, Lewes, De 19958 ("Premises") and/or permitting me to participate in club activities (both on or off-site), the undersigned agrees to hold harmless and/or indemnify the SFAOD, its Board of Directors, Officers, Agents, Volunteers, heirs and assigns ("Releases"), from any and all responsibility or liability, for any and all claims, damages, costs, expenses, cause(s) of action arising out of any act or occurrence, including negligence or gross negligence, and particularly on account of personal injury, illness, disability, property damage, loss, or damages of any kind sustained while on the premises or while participating in club activities off-premises, regardless of the cause, to the undersigned or to any family member or guest accompanying the undersigned.