

**COVER SHEET REQUIRED – CONTAINS PROTECTED HEALTH INFORMATION**



➤ **Casting For Confidence Program Goals:**

- To provide a safe, and reflective environment for participants to discuss their disease with other women with shared experiences, thereby providing support and information to aide in their journey of recovery.
- To provide expert fly-fishing instruction that enables the participants to learn a new skill, form a healing connection with nature, and participate in a sport they can continue throughout their recovery and lifetime.

➤ **Why Fly Fishing?** On a physical level, the gentle, rhythmic motion of fly casting is similar to exercises often prescribed after surgery or radiation to promote soft tissue stretching. On an emotional level, women are given the opportunity to experience a new activity in a safe environment amongst a supportive group of peers. CFC can provide a new outlet – fly fishing – as a reprieve from the everyday stressors and challenges of their cancer.

➤ **Who can participate?** Women cancer survivors, particularly those who are beginning to resume normal physical activity after surgery and/or chemotherapy. The Order of Merit Listing (OML) for attendance is based upon a numerical value assigned upon receipt of application. Attendance is limited to twelve (12) applicants. Preference is given to applicants who have not previously participated in any previous Casting For Confidence (CFC) or Casting For Recovery (CFR) activities.

➤ **Cost?** None.

➤ **Equipment:** Georgia Women Fly Fishers will provide all required fly fishing equipment.

➤ **Food?** Light snacks upon arrival, donated BBQ lunch, light snacks prior to departure.

➤ **What to Bring?** Please bring your sunglasses (polarized preferred); sunscreen; hat; light jacket; some type of magnification glasses if needed; wear closed toe shoes; dress in layers for the North Georgia weather. Bring along a camera to capture the memories of your day.

➤ **When?** Saturday, October 10, 2015. **Deadline for Submission:** September 21, 2015

➤ **Where?** At the beautiful and majestic Frog Hollow, a privately owned section on the Chestatee River, in Dahlonega, GA.

➤ **Schedule of Events for Day**

08:30 a.m. – 09:00 a.m: Registration; introductions; light breakfast snacks

09:00 a.m. – 11:30 a.m: Introduction to Equipment; Casting; Entomology; Knots

11:30 a.m. – 12:30 p.m: Lunch – BBQ donated by North Georgia Trout Online (NGTO)

12:45 p.m. – 5:00 p.m: Rotation of Groups: Fly Fishing & Fly Tying

5:00 p.m. – Until Completed: Group Photos; Awards; Comments

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**2015 Casting For Confidence – Attendee Application**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

What experience and/or skills do you hope to attain from attending Casting For Confidence? \_\_\_\_\_  
\_\_\_\_\_

Have you ever fly fished before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

If you enjoyed your experience at CFC, and the GWFF members you have met – would you consider becoming a member of GWFF? \_\_\_\_\_

How did you learn about CFC? \_\_\_\_\_

Have you attended or applied for a previous CFC event? If yes, when? \_\_\_\_\_

Have you attended a Casting For Recovery Event? If yes, when? \_\_\_\_\_

Who is your emergency Point of Contact? \_\_\_\_\_ Phone: \_\_\_\_\_

A copy of the Medical Release Form signed by doctor is required for you to safely participate in our event. Is Copy Attached? \_\_\_\_\_

Please describe your experience with cancer (date of diagnosis, treatment, current status) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any physical restrictions and/or special needs GWFF should be aware of? This information will assist our guides in knowing your concerns and help to mitigate those. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please tell us of any issues and/or topics you would like to discuss at CFC? \_\_\_\_\_  
\_\_\_\_\_

Do you have any dietary preferences or requirements? \_\_\_\_\_  
\_\_\_\_\_

**SUBMIT APPLICATION with Attachments to our Casting For Confidence Coordinator.**

Carolyn V. Emery, 325 Spring Lake Terrace, Roswell, GA 30076

Questions, please contact me at (404) 414-3796 or email: cvemery@aol.com



**Medical Release Form**

Dear Physician,

The patient named below has applied to attend a one day event conducted by the Georgia Women Fly Fishers, a local not-for profit organization that provides a fly-fishing one day event for women recovering from cancer. Women with any form of life-threatening cancer, particularly breast cancer, in treatment or recovery, are eligible for the day event if physically able. The event will include fly fishing instruction by trained fly-fishing instructors. Physical exercise will include fly-casting, extended periods of standing and fishing in a river, assisted at all times by experienced guides. The students are encouraged to participate at their own pace and activity level, with rest periods available whenever needed. All meals and beverages are provided by Georgia Women Fly Fishers, and dietary restrictions are taken into account as much as possible.

**Please fill out, sign and return this form to the address below. If you have any questions, please call the voice number below. Thank you.**

Name of Participant: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Physical Restrictions and/or Special Needs: \_\_\_\_\_

I believe that the above-named patient is a reasonable candidate to participate in GWFF, Casting For Confidence event, being conducted on October 10, 2015 at Frog Hollow in Dahlonega, GA.

Physician's Signature: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please Return This Form To Applicant or Mail to:

Georgia Women Fly Fishers – Casting For Confidence Coordinator

325 Spring Lake Terrace

Roswell, GA 30076

[www.georgiawomenflyfishing.com](http://www.georgiawomenflyfishing.com) Telephone: (404) 414-3796 Email: cvemery@aol.com

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**Georgia Women Fly Fishers Waiver Agreement**

**Please Read Carefully – This is a waiver and release of liability**

I, the undersigned, hereby acknowledge that I fully understand and accept that there are certain hazards and elements of danger inherent in many if not all activities which are beyond the control of the members, officers, directors, outings coordinators, guides, hosting locations and agents of Georgia Women Fly Fishers. I realize that my participation in these activities may result in personal illness or injury, due to accidents, the forces of nature, or other causes not foreseeable. Such illness and injury may include disease, strains, sprains, fractures, dislocations, paralysis, and/or death. Possible injuries may cause serious and permanent disability. I also realize that my participation in the various activities may result in the loss of or damage to personal property.

Now therefore, intending to be legally bound, I hereby waive, for myself and anyone else claiming through me, my right to sue or recover damages from Georgia Women Fly Fishers, their members, officers, directors, guides and agents for any illness or injury to my person, loss of life, and any damage or loss of property which may arise out of my participation in Georgia Women Fly Fishers activities. The waiver applies to any negligent act or omission and to any intentional act intended to promote my safety or well-being.

I do wish to make Georgia Women Fly Fishers aware of the following:

Allergies: \_\_\_\_\_

Medications I am taking: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that Georgia Women Fly Fishers sponsor “cooperative adventures,” where the group is collectively responsible for the conduct of the activities. Further, I understand that no one but myself is responsible for judging my qualifications or for my safety when I choose to participate in any activity.

**I have received, read, understand, and accept the contents of this agreement.** I further state that I am legally competent to sign this waiver and release of liability; and that I understand that the terms herein are contractual and a mere recital of the items. I have read this waiver before signing it, and I have signed it voluntarily. This waiver has no expiration date.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

Acceptance of Waiver:

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

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

Georgia Women Fly Fishers Representative

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**PHOTOGRAPHIC RELEASE**

**GEORGIA WOMEN FLYFISHERS, INC.**

Date: \_\_\_\_\_ Club Activities and/or \_\_\_\_\_ Event

For valuable consideration received, which I hereby acknowledge, I irrevocably grant Georgia Women Fly Fishers and anyone Georgia Women Fly Fishers authorizes, the absolute permission and right to use, reproduce, sell, and resell, any and all portraits or pictures of me or my property, or any in which I or my property may appear in whole or in part, taken this day, to be used for publishing, advertising, art, trade or any other lawful purpose what so ever.

I hereby waive any right to inspect or approve said pictures or any captions or copy that may be used in connection with them or to approve the use to which said material may be applied. I hereby release, discharge and agree to save Georgia Women Fly Fishers, its members, officers, guides, agents and their heirs, executors, administrators, associates and assigns from any liability by virtue of blurring, distortion, alteration, optical illusion or use in composite form, whatever, intentional or not, that may result from making of said pictures or from any process used.

I am 18 years of age or older: YES \_\_\_\_\_ NO \_\_\_\_\_ (If under 18, see section below)

Participant Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Participant (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Witness (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

For Any Participant under 18 years of age:

I hereby certify that I am the parent or legal guardian of the above named participant, and I consent without resolutions, to all the foregoing on the behalf of the participant.

Parent/Guardian (sign): \_\_\_\_\_

Witness (sign): \_\_\_\_\_

Date: \_\_\_\_\_