

FISHING PERMIT

Eastern Shore Agricultural Research and Extension Center

*If all fields are not filled out, you do **NOT** have permission to fish!*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Driver's License or ID#: _____

Vehicle License Plate Number OR Make, Model, Year, Color: _____

Fishing Permit is valid for **ONE YEAR**. In return for this privilege, I agree to:

1. ABSOLVE the Eastern Shore Agricultural Research and Extension Center and Virginia Tech of any and all liability for my person or persons while engaged in fishing on the Center property.
2. ABSOLVE the Eastern Shore Agricultural Research and Extension Center and Virginia Tech of any and all liability for harm to personal vehicles and property while engaged in fishing on the Center property.
3. RESPECT the Center property, going only where the designated for parking and fishing.
4. RESPECT nature and take every precaution against littering and fire. All trash shall be the responsibility of the permit holder.
5. RESPECT the game, fish, wildlife, and farm animals.
6. RESPECT fellow outdoorsmen observing all safety precautions and the traditions of good sportsmanship.
7. RESPECT all laws governing outdoor activity.

Signed: _____ Date: _____
Applicant

Signed: _____ Date: _____
Director or Designee