

Release of Liability, Hold Harmless and Indemnification Agreement

In consideration of the educational benefit from attending the event for which this Liability Release is issued, I freely accept and voluntarily assume **ALL RISK** of personal injury, death or property damage that may result from my attendance at, and /or participation in, said event. I specifically acknowledge the risks associated with firing firearms or being in the proximity when they are fired, which can include severe personal injury and death, and hereby assume all risk associated with this event.

I hereby release, remise, discharge and covenant not to sue the instructor(s), any of the instructors' assistants or volunteers, any entity to which the instructor, his/her assistants or volunteers may be related to, and any entity or person associated with the facility at which the event is held from any and all liability for personal injury or death or property damage which results in any way from negligent actions and/or omissions of the instructor(s), the instructor's assistants or volunteers, any entity to which the instructor, his/her assistants or volunteers may be related to as well as any entity or person associated with the facility this event is conducted at, including but not limited to natural or man-made obstacles and their placement, visibility or condition or my attendance at, and /or participation in any activity related to this event.

I HEREBY ACCEPT FOR MYSELF THE FULL RESPONSIBILITY FOR ANY AND ALL SUCH INJURY OR DEATH OR DAMAGE OF ANY KIND WHICH MAY RESULT, AND I SPECIFICALLY AND ESPECIALLY AGREE TO ASSUME ALL RISK OF PERSONAL INJURY OR DEATH OR PROPERTY DAMAGE ASSOCIATED WITH ATTENDING OR PARTICIPATING IN SAID EVENT.

If I am signing on behalf of a minor, I hereby certify that I have full authority to act as his/her legal guardian and in that capacity I understand that in case of injury or illness of a minor, I will be notified. If it is impossible to contact me and it is an emergency, I hereby give permission for an attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of the minor child.

I hereby agree to fully indemnify and hold harmless the instructor, his/her assistants or volunteers, any entity to which the instructor, his/her assistants or volunteers may be related to may be related to, and any entity or person associated with the location at which the event is held from any and all damages or losses or actions of any kind brought by any person, including the minor, which arises out of the participation in and /or attendance at the event for which this document was issued.

Printed Name of Participant

Age

Telephone

Participant Address (Street, City, ST, Zip)

Emergency Contact Name

Telephone

Signature of Participant

Date

Signature of Parent / Legal Guardian as Required

Date

Witness Initials: _____