

Appendix 10: CCFSA release of Liability Waiver (Indemnification)

Release/Disclaimer

I do hereby assume full responsibility for any and all damages, injuries (including death), or losses that I may sustain or incur, if any, while attending, engaging, practicing, participating or witnessing shooting, hunting, hiking, fishing, riding, skiing, or any other activity and/or certain event(s) occurring in or about the premises of Clinton County Farmers' & Sportsman's Association (here-in-after CCF&SA) or at any offsite location. I hereby assume full risk, waive all claims and release and hold CCF&SA its instructors, and/or partners of said program or event, individually or otherwise, harmless for any and all liability, claims suits, damages, expenses, fees, actions, or rights of action or judgments as a result of injury or death to myself or members of my family or heirs, or my guests or damage, destruction or loss to my property, which in any way relates to, arises out of, or is in any way connected with my presence on the premises, or my participation in events or activities thereon, or the negligent acts or omissions of CCF&SA, its shareholders, members, board of directors, officers, employees, representatives, agents, affiliates or any other third party.

I am fully aware and understand that CCF&SA does not have on or about the premises, employ, or contract with any medical services, or provisions for ordinary or emergency medical services.

In consideration of my participation in the use of CCF&SA premises or facilities, I hereby release and covenant not to sue CCF&SA, its shareholders, board of directors, officers, employees, representatives, agents, affiliates and lessees from any and all claims resulting from any physical injury (including death) that may occur to me while participating in any program or event sponsored by CCF&SA.

I UNDERSTAND THAT THIS DOCUMENT WILL BE KEPT ON FILE BY THE CLINTON COUNTY FARMERS' AND SPORTSMEN'S ASSOCIATION AND THAT THIS RELEASE SHALL ALSO APPLY TO ANY ACTIVITIES THAT OCCUR SUBSEQUENT TO THE DATE OF MY SIGNATURE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. **Parent or guardian(s) must sign if applicant is UNDER 18.**

Participant Name (Please Print)

Address (Please Print)

Apt or Suite Number (Please Print)

City (Please Print)

State (Please Print)

Zip Code

Participant's Signature

Date Signed

Parent or Guardian Signature

Date Signed