

Major Waldron Sportsmen's Association

Release and Assumption of Risk

I hereby expressly assume any and all risks associated with shooting on the properties of the Major Waldron Sportsmen's Association, Barrington, NH. I know shooting is considered by many to be dangerous, and I hereby assume the risk of any and all injuries I may suffer due to the physical condition of Major Waldron Sportsmen's Association, the acts or omissions of other shooters who may be on or near Major Waldron Sportsmen's Association, whether with or without permission, equipment failure, acts of God and/or any other reason.

I have been advised that there will be other persons shooting and carrying firearms on Major Waldron Sportsmen's Association and I agree to act prudently and carefully to avoid causing them injury. I certify that I am familiar with the use and operation of the firearm(s) I will be using while on Major Waldron Sportsmen's Association and that I am familiar with the rules of shooting and firearms safety.

I release Major Waldron Sportsmen's Association, together with all club members, directors, agents, and representatives for any and all claims for personal injury, wrongful death, and/or property damage which may arise in my favor and which may occur during or as a result of my presence on Major Waldron Sportsmen's Association as referenced above regardless of the cause of any such injury and including those which may be caused by negligence and/or any other cause.

I give this release and assume all risks attendant thereto consideration of being allowed to enter into and shoot at Major Waldron Sportsmen's Association. The release and assumption of risk will be binding on my heirs, executors and assigns.

I have read and understand the above document .

NAME (print clearly) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

DATE: _____

SIGNATURE _____

or PARENT/GUARDIAN

NAME (print clearly) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

DATE: _____

SIGNATURE _____

or PARENT/GUARDIAN

NAME (print clearly) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

DATE: _____

SIGNATURE _____

or PARENT/GUARDIAN