

Major Waldron Sportsmen's Association

Release and Assumption of Risk

I hereby expressly assume any and all risks associated with entering the Premises of the Major Waldron Sportsmen's Association, Barrington, NH and of taking part in activities on the Premises which include, but are not limited to, instruction in the use of firearms, the discharge of firearms and the firing of live ammunition. 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 certify that I am not prohibited under New Hampshire or Federal Law, from the Ownership, Use or Possession of Firearms, Ammunition, or Ammunition Components. 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 property and that I am familiar with the rules of shooting and firearms safety.

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 release Major Waldron Sportsmen's Association, together with all club members, directors, agents, and representatives and I assume all risks 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 executors, administrators, assignees or heirs, any and all rights and claims for damages, losses, demands and any other actions whatsoever, which I may have or which may arise against Major Waldron's, (including, but not limited to any and all injuries, damages or illnesses suffered by myself or my property), which may, in any way whatsoever, arise out of, be related to or be connected with: the course of instruction; the Premises, including any latent defect in the Premises; and the use of firearms, the discharge of firearms and the firing of live ammunition.

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)		

If Applicable: Event Date: _____ Event Location: _____
Coordinator: _____