

## Waiver, Release, Consent and Covenant Not to Sue

In consideration of the Arnold Rifle & Pistol Club (ARPC) permitting me to engage in training, firearms shooting activities and other events of the ARPC wherever the same are held, I, on my own behalf and on behalf of my heirs, representatives, administrators and assigns, hereby waive and release any and all claims, demands, causes of action, suits and rights I, or anyone on my behalf, might have against the ARPC, its officers, directors, instructors and other staff for personal injury (including death), loss or damage to my property which I (or anyone claiming by or through me) may have against the ARPC, its officers, directors, instructors and other staff, as a result of my taking part in the firearms shooting activities and other events and activities sponsored by, sanctioned by or approved by the ARPC, its officers, directors, instructors and other staff.

Further, I agree that I will not, nor will anyone acting on my behalf claiming by or through me, bring or maintain any suit in Court to assert any claim against ARPC, its officers, directors, instructors and other staff, for any claim that I might have arising out of my participation in any activities sponsored by, sanctioned or approved by the ARPC, its officers, directors, instructors and other staff.

Additionally, I agree to the publications of my name and photograph.

I UNDERSTAND THAT ENGAGING IN FIREARMS SHOOTING ACTIVITIES CONSTITUTES MY INVOLVEMENT IN A VERY HAZARDOUS AND DANGEROUS ACTIVITY WITH ACCOMPANYING RISKS OF PERSONAL INJURY OR DEATH AND LOSS OR DAMAGE TO PERSONAL PROPERTY, AND I HEREBY VOLUNTARILY ASSUME THOSE RISKS. MY SIGNATURE ON THIS DOCUMENT CERTIFIES THAT I AM AT LEAST 21 YEARS OF AGE AND THAT I MAY LEGALLY POSSESS FIREARMS AND THAT I WILL NOT USE ANY SKILL I LEARN WHILE PARTICIPATING IN THE AFOREMENTIONED EVENTS FOR ANY ILLEGAL ACTIVITY.

**\*\*Minor** requires parent/guardian signature \_\_\_\_\_

I recognize that the ARPC, its officers, directors, instructors and other staff are not obligated to permit me to participate in any of the ARPC's activities and may terminate my participation in such activities at any time and for any reason. This instrument shall remain in full force and effect indefinitely.

I have read and understand the foregoing provisions of this Waiver, Release and Covenant Not to Sue and I have executed this instrument voluntarily on this date.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ e-Mail address: \_\_\_\_\_

Emergency contact Name / Number: \_\_\_\_\_

Are there any medical conditions that may affect your performance, or special accommodations needed? Yes / No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_