**RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

In consideration of participating in Rock County Rifle and Pistol Club, Inc. (a.k.a. RCRPC) activities, and for all other considerations, I hereby agree to release and discharge from liability, due to any negligence on my part, RCRPC, its owners, directors, officers, employees, agents, volunteers, and any persons or entities acting on their behalf (hereinafter collectively referred to as “Releasees”). On behalf of myself, my heirs, assigns, personal representatives, and estate, I also agree to the following:

1. I acknowledge that RCRPC has provided, or required, the necessary safety equipment for the activities I am participating in. I understand there is inherent risk in these activities despite the use of safety equipment. I expressly accept and assume all this inherent risk. I also acknowledge that unanticipated risk of injury from equipment malfunction or being shot can occur which could result in, but not limited to, property damage, hearing loss, loss of vision, broken bones, paralysis, permanent disability, or other serious injuries or even death.
2. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe, or that I am unable to participate due to my personal physical or medical condition, I will immediately discontinue participation.
3. I voluntarily release, indemnify, hold harmless, and forever discharge Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in any activity or my use of any RCRPC facility or equipment, due to my negligence. Should Releasees be required to seek, and pay for, legal counsel to enforce this agreement, I indemnify and hold them harmless for all fees and costs incurred.
4. I represent that I have adequate insurance, or agree to personally pay, to cover any injury to myself or others, or damage to the personal property of others or the RCRPC facility. I further represent that I have no medical or physical condition that would cause any safety issues by my participation in any RCRPC activities.
5. In the event that I file a lawsuit, I agree to do so solely in the state where the Releasees' facility is located. I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be invalid or unenforceable, the remaining portions shall remain in full force and effect.

I have read and understand the above release, indemnification and hold harmless agreement and agree to be bound by its terms as stated. By signing this release, I agree that if I am injured or any of my property is damaged due to my negligence during participation in any activity, I waive my right to any lawsuit against any Releasee.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guest name (printed) Guest signature

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Address City State Zip

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Telephone Date Time

|  |
| --- |
| **One Line Must be Checked and the Indicated Fee Enclosed** |
| **Checkmark with solid fill** | **Relationship to member or event** | **Fee** | **Sponsor member’s name & membership #** |
|  | Spouse/significant other | no fee |  |
|  | Son/Daughter (17 or younger) | no fee |
|  | Mother/Father/Sister/Brother/Aunt/Uncle/Cousin | $10 |
|  | Grandchild/Son/Daughter (18 or older)/Friend | $10 |
|  | League, class, or other event | $10 |  |

**PARENT OR LEGAL GUARDIAN ADDITIONAL AGREEMENT (must be completed for participants under age 18)**

In consideration of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being permitted to participate in this activity, I agree to indemnify and hold

(Print Minor's Name)

harmless all Releasees from any claims brought by or on behalf of said minor and accept all responsibility for any injury or property damage that may be caused by said minor due to any act of negligence.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Printed Name Parent/Guardian signature Date