

Iowa 4-H Charity Shoot: *Event Waiver*

All participants must sign and date below before being allowed to participate in the Iowa 4-H Charity Shoot. Any participants under the age of 18 must also have a parent or guardian signature.

I understand that my consent to these provisions is given in consideration of this registration and for being permitted to participate in the Iowa 4-H Charity Shoot on September 12, 2019. I am a voluntary participant in this event, and in good physical condition. "I acknowledge and understand the inherent hazards involved in shooting activities, both known and unanticipated and I hereby assume full and complete responsibility for any injury or accident that I may cause during my participation in this event or while on the premises of this event. I also hereby release and hold harmless and covenant not to file suit against the Iowa 4-H Foundation, their affiliates and any affiliated individuals, any event sponsors and their agents and employees, and all other persons or entities associated with this event from any loss, liability or claims I may have arising out of my participation in this event, including personal injury or damage suffered by me or others, caused by the discharge of firearms, observation of the discharge of firearms, or any other cause arising from this event. I understand that the potential risks include, but are not limited to, potentially fatal injury from the discharge of firearms, partial or total loss of eyesight and/or hearing, inhalation of or other harmful contact with contaminants released by firearms, being struck by flying objects, falls, contact with participants, conditions of the course, or negligence of the releases or otherwise. If I do not follow all rules of this event, I understand that I may be removed from the competition. I understand that this Waiver and Release may be stored electronically and agree that a copy is authentic and admissible as evidence in any future dispute or proceeding.

I certify that I am sufficiently prepared for participation in the event and have not been advised otherwise by a qualified medical person. I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers of the event in which I may participate, and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me including my traveling to and from this event, the Iowa 4-H Foundation; their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event volunteers; (B) Indemnify and Hold Harmless, and Agree Not To Sue the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releases or otherwise. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.

This agreement shall be interpreted and enforced under the laws of the state of Iowa. The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I acknowledge that this Accident Waiver and Release of Liability form will be used by the persons or entities being released in the activity or event listed above and that it will govern my actions and responsibilities in said activity or event.

I am aware that by this signature I am waiving substantial rights, agreeing not to sue the Iowa 4H Foundation and New Pioneer Gun Club and the directors, officers, employees, volunteers, representatives, agents, event holders, event sponsors and event volunteers of both and to release and hold the Iowa 4-H Foundation and New Pioneer Gun Club the directors, officers, employees, volunteers, representatives, agents, event holders, event sponsors and event volunteers of both harmless from all liability. I hereby certify that I have read this document; and, I understand its content. I am aware that this is a release of liability as well as a contract and I sign it of my own free will.

Print Participant's Name

Signature (*If under 18 years old, Parent or guardian must also sign*)

Date

Participant Address City, State Zip

Email

Team

PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and/or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and is fully responsible and agrees to save and hold harmless and indemnify the Iowa 4-H Foundation and each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Print Participant's Name

Age

Parent Signature

Date

You understand that NPGC, its employees and its board are not liable for accidents, damage, or missing items. This includes yourself or your property while present on NPGC grounds. You take full responsibility for injury and agree not to file any action either directly or indirectly against NPGC or any of its affiliates.

Have you ever shot a shotgun? **No__ Yes__**

Would you be interested in instruction from a third party? **No__ Yes__**

I understand and agree to the above.

Name

Signature

Email

Date

Taken in by

Signature

Date