

# Kamloops Shotgun Sports Society

## Release of Liability Agreement



### This is a waiver of liability – read before signing

**Note:** this waiver must be read, understood and signed before the participant, guest or non-member is permitted to take part in any shooting practice or event.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ PAL/POL or Date of Birth: \_\_\_\_\_

In consideration of being permitted to participate in any way in the sport and activities of shooting under the auspices of the Kamloops Shotgun Sports Society, I acknowledge, appreciate, and agree that:

The risk of injury from the activity and weaponry involved in shooting is significant, including the potential for permanent disability and death.

I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of those persons released from liability below, and assume full responsibility from my participation; and,

I understand that the activities of shooting are physically and mentally intense. I understand the rules and will comply with all rules and regulations. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest official as soon as practical; and,

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the Kamloops Shotgun Sports Society, the owners and lessors of the premises used to conduct the shooting activities, their officers, officials, agents and/or employees (releases) with respect to all injury, disability, death or loss or damage to person or property whether caused by the negligence of the releasees or otherwise, except that which is the gross negligence and/or wanton misconduct.

I understand and agree that this release of Liability Agreement covers each and every shooting activity and event in which I participate hereafter.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and freely and voluntarily without inducement.

X \_\_\_\_\_

Participant's Printed Name

X \_\_\_\_\_

Participant's Signature

X \_\_\_\_\_

Date Signed

X \_\_\_\_\_

Parent or Guardian if applicable

X \_\_\_\_\_

Sponsoring Member