



RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT FOR MINOR

PLEASE READ CAREFULLY

I, the undersigned, hereby certify that I am the parent or legal guardian of _____ (PLEASE PRINT minor child's name) ("Minor"), a minor child under the age of eighteen years, and have the lawful authority to sign this **Release** and waiver of liability and indemnity agreement ("**Release**") on Minor's behalf.

I hereby give permission for Minor to be a participant activities of Chester 4H Junior Archery and Rifle League ("**JRAL**"), including the handling and shooting of firearms and archery equipment. In consideration of Minor being allowed to participate in any **JRAL** related activities, I, on behalf of myself and Minor, freely, voluntarily, and without duress agree to all of the following terms of this **Release**, which I am executing, on behalf of myself and Minor, as of the date written below, in favor of **JRAL**, its employees, agents, representatives, assigns, officers, directors, members, instructors, and volunteers ("**Releasees**").

I understand there will be other persons shooting and/or carrying firearms at **JRAL**, and I recognize my responsibility to ensure that Minor acts prudently and carefully to avoid causing injury to persons or property. I will instruct Minor to follow all applicable rules and directions provided by **Releasees**, and that at all times the sole responsibility for personal safety remains with Minor.

ASSUMPTION OF THE RISK. I hereby agree, on behalf of myself and Minor, to assume any and all risks, including risks of injury or harm, associated with the Minor participating in any **JRAL** related activities. I understand **JRAL** conducts active shooting sports and I understand the risks and hazards involved with said Minor being a participant of **JRAL** related activities, including shooting and handling firearms and archery equipment. I understand that shooting firearms or archery equipment is a dangerous activity and involves the risk of serious injury, death, and exposure to hazardous materials such as lead and airborne lead particles. I hereby agree, on behalf of myself and Minor, to assume the risk of any and all injuries or harm Minor may suffer in connection with being on the premises of or participating in any **JRAL** activities, including but not limited to any and all injuries Minor may suffer due to the physical condition of the location of **JRAL** activities, the potential NEGLIGENCE of **Releasees**, equipment failures, defective equipment, acts of God, and the acts or omissions of shooters, participants or others who may be at, on, or near such **JRAL** activity or activities, whether with or without permission of **Releasees**.

I hereby acknowledge the contagious nature of communicable diseases and, on behalf of myself and Minor, voluntarily assume the risk that Minor and/or I may be exposed to or infected by communicable diseases as a result of Minor participating in **JRAL** related activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand the risk of becoming exposed to or infected by communicable diseases at **JRAL** related activities may result from the acts or omissions, negligent or otherwise, of Minor, myself, and others, including, but not limited to, **Releasees**.

RELEASE AND WAIVER OF LIABILITY. I hereby agree, on behalf of myself and Minor, and on behalf of each of our estates, heirs, and assigns, to release, waive, discharge, and covenant not to sue **Releasees** from all liability to me and/or Minor for any and all loss or damage, and any claim or demands therefor, on account of injury to person, up to and including death, or property, in connection with Minor being a participant in any activities of **JRAL** and whether caused by the NEGLIGENCE of the **Releasees** or otherwise.

INDEMNITY AGREEMENT. I hereby agree on behalf of myself and Minor, to defend, indemnify, and hold harmless **Releasees** from any and all loss, liability, damage, or cost they may incur in connection with Minor being a participant in any activities of **JRAL** and whether caused by the NEGLIGENCE of the **Releasees** or otherwise.

MEDICAL TREATMENT. I hereby consent, on behalf of myself and Minor, to Minor receiving medical treatment, and agree to be responsible for the payment of same, which may be rendered in the event of injury, accident, and/or illness in connection with Minor being a participant in any activities of **JRAL**. On behalf of myself and Minor, I hereby **Release** and forever discharge **Releasees** from any claim whatsoever that arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with Minor being a participant in any activities of **JRAL** or with the decision by any **Releasee** to exercise the power to consent to medical treatment as such power may be granted.

PHOTOGRAPHIC RELEASE. I understand that both commercial and non-commercial still, audio/video, and/or motion picture photography may occur during Minor's presence in **JRAL** activities, and that as long as Minor is in the general area, Minor may be included in such recordings. Should I or Minor wish to be excluded from such recordings, I have instructed Minor that it is Minor's responsibility to be aware of recording activity and remove themselves from the area or event being photographed or recorded. Absent such action on Minor's, I, on behalf of myself and Minor, grant and convey unto **Releasees**, as well as **JRAL**'s sponsors, all right, title, and interest in any and all photographic images and video or audio recordings made of Minor by **Releasees** and/or **JRAL**'s sponsors, including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings and any and all right to use such photographic images and video/audio recording(s) in the promotion of shooting sports or **JRAL** in general as **Releasees** choose in their sole discretion without any compensation owed to me or Minor.

OTHER. On behalf of myself and Minor, I agree that: this **Release** is intended to be as broad and inclusive as permitted by the laws of the

State of New Hampshire; this **Release** shall be governed by and interpreted in accordance with the laws of the State of New Hampshire without reference to conflict of law provisions; jurisdiction for any action pertaining to this **Release** shall lie exclusively in Rockingham County, State of New Hampshire; in the event that any portion of this **Release** is found to be invalid by any court of competent jurisdiction, the offending portion shall be stricken and the remainder of this **Release** shall remain in full force and effect; and this **Release** shall also be binding upon Minor's and my estates, heirs, and assigns.

THIS IS A RELEASE OF LIABILITY. I HAVE READ THIS RELEASE, UNDERSTAND IT, AND VOLUNTARILY AGREE TO IT ON BEHALF OF MYSELF AND MINOR.

Parent or Legal Guardian Signature: _____ Date: _____

Printed of Signaturee: _____

Phone Number: _____

Address: _____

City, State, & Zip Code: _____

Printed Name of Minor Child: _____

Emergency contact: In case of an emergency, please contact:

Name: _____ Relationship: _____

Phone Number: _____

IMPORTANT: If only one parent or guardian executes this Release on behalf of Minor, then the undersigned parent or guardian of Minor hereby covenants, warrants, represents and agrees that he or she is executing this Release on behalf of, and as an agent for, any other individual who may be a parent or guardian of Minor, and that by executing this Release, the undersigned is binding himself/herself, Minor, and any other parent or guardian of Minor, and all of their heirs, executors, administrators, and assigns to this Release.

Parent/Guardian Signature: _____

Print Name: _____

Phone Number: _____

Second Parent/Guardian Signature: _____

Print Name: _____

Chaperone Release Form for JRAL:

AUTHORIZATION FOR SUPERVISION AND TREATMENT OF MINOR. I hereby authorize and appoint ☐ myself or, in my absence ☐

_____, (PLEASE PRINT Chaperone's name),

an adult in whose care Minor has been entrusted, as my agent to act for me with respect to Minor and in my name in any way I could act in person to make any and all decisions for me with respect to Minor, concerning Minor's supervision, personal care, medical treatment, hospitalization, and health care and to require, withhold or withdraw any type of medical treatment or procedure which may be rendered to Minor under the supervision and on the advice of any physician licensed to practice in the state in which treatment is sought.

By signing below, I certify that I am above the age of minority, am the parent or legal guardian of Minor, have the lawful authority to sign this **Release** on Minor's behalf, and I have read the above Release, understand it, and agree, on behalf of myself and Minor, to its contents, terms, and conditions.

Parents Signature: _____

Date: _____

Chaperone Signature: _____

Date: _____