

# **CHESTER JUNIOR RIFLE AND ARCHERY LEAGUE**

99 Rod and Gun Club Rd, Chester, New Hampshire 03036

## **ADULT RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT** **PLEASE READ CAREFULLY**

In consideration of being allowed to participate in any activities at Chester Junior Archery and Rifle League (**C-JRAL**), I, the undersigned, hereby freely, voluntarily and without duress agree to all of the following terms of this release and waiver of liability and indemnity agreement ("Release"), which I am executing, as of the date written below, in favor of **C-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 and archery equipment at **C-JRAL**, activities and I agree to act prudently and carefully to avoid causing injury to persons or property.

**ASSUMPTION OF THE RISK.** I hereby agree to assume any and all risks, including risks of injury or harm, associated with participating in any **C-JRAL** related activities. I understand **C-JRAL** conducts active shooting sports and I understand the risks and hazards involved in being a participant of **C-JRAL**, as well as the risks and hazards involved in participating in **C-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 assume the risk of any and all injuries or harm I may suffer in connection with being on the premises of or participating in any activities at **C-JRAL**, including but not limited to any and all injuries I may suffer due to the physical condition of the location of **C-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 **C-JRAL** activity or activities, whether with or without permission of **Releasees**.

I hereby acknowledge the contagious nature of communicable diseases and voluntarily assume the risk that I may be exposed to or infected by communicable diseases by being part of or a participant in **C-JRAL** 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 by participating in **C-JRAL** activities may result from the acts or omissions, negligent or otherwise, of myself and others, including, but not limited to, **Releasees**.

**RELEASE AND WAIVER OF LIABILITY.** On behalf of myself and my estate, heirs, and assigns, I hereby release, waive, discharge, and covenant not to sue **Releasees** from all liability to me 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 my being by participating in any **C-JRAL** activities and whether caused by the NEGLIGENCE of **Releasees** or otherwise.

**INDEMNITY AGREEMENT.** I hereby agree to defend, indemnify, and hold harmless **Releasees** from any and all loss, liability, damage, or cost they may incur in connection with my participating in any **C-JRAL** activities and whether caused by the NEGLIGENCE of the **Releasees** or otherwise.

**MEDICAL TREATMENT.** I hereby consent to receive medical treatment and be responsible for the payment of same, which may be rendered in the event of injury, accident, and/or illness in connection with my participating in any **C-JRAL** related activities. 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 my participating in any **C-JRAL** related activities 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 my presence by being a participant in **C-JRAL**

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activity, and that as long as I am in the general area, I may be included in such recordings. Should I wish to be excluded from such recordings, I understand that it is my responsibility to be aware of recording activity and remove myself from the area or event being photographed or recorded. I hereby grant and convey unto **Releasees**, as well as **C-JRAL**'s sponsors, all right, title, and interest in any and all photographic images and video or audio recordings made of me by **Releasees** and/or **C-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 **C-JRAL** activities in general as **Releasees** choose in their sole discretion without any compensation owed to me.

**CERTIFICATION REGARDING FIREARMS.** I hereby certify that I am not prohibited from possessing, selling, owning, using or transferring firearms under state or federal law. I also attest that:

- a. I have not been convicted of a felony that has not been annulled or expunged;
- b. I have not been convicted of a violation of 18 U.S.C. § 922 that has not been annulled or expunged; and
- c. I am not a member of an organization that advocates the violent overthrow of the United States Government.

**OTHER.** 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 my estate, heirs, and assigns.

By signing below, I certify that I am above the age of minority, and that I have read the above Release, understand it, and agree to its contents, terms, and conditions.

**THIS IS A RELEASE OF LIABILITY. I HAVE READ THIS RELEASE, UNDERSTAND IT, AND VOLUNTARILY AGREE TO IT.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

City, State, & Zip Code: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_