

Scarborough Fish & Game Association, Inc. Pistol Competition

Name _____

Address _____

Phone _____ Email _____

Emergency Contact Name _____ Phone _____

NRA Pistol Classification: Tyro Marksman Sharpshooter Expert Master High-Master

NRA # _____ Category: Senior Woman Junior

Matches Shooting Today
_____.22 _____ CF _____ .45 _____ DR (\$5) _____ EIC Service Pistol _____ .22 Rimfire EIC

Office Use: Fee Paid \$ _____ Cash / Check _____ Entered _____ Classification Confirmed _____

Release and Assumption of Risk

I hereby expressly assume any and all risks associated with shooting at Scarborough Fish & Game Association, Inc. facility (the "Club"). I know shooting is considered by many to be a dangerous activity, and I hereby assume the risk of any and all injuries I may suffer due to the physical conditions of shooting, course, or event, the acts of omissions of other shooters who may be on or near me, whether with or without permission, equipment failure, acts of God, and/or for any other reason.

I have been advised that there will be other persons shooting at the Club facilities, and agree to abide by all rules & regulations, by-laws, and policies of the Club and act prudently and carefully to avoid causing any injury to myself or others. I certify that I am familiar with the use and proper operation of the firearm(s) I will be using while shooting at the Club. I certify I am familiar with proper firearm handling and safety. I have been advised to wear eye and ear protection at all times while shooting or being in any area that shooting will occur.

I release the Club, together with all the Board of Directors, officers, employees, agents and representatives for any and all claims for personal injury, wrongful death, and/or property damage which may arise in my favor and which may occur during or as a result of my presence at the Club as referenced above whether caused by negligence and for any other cause.

This "release and assumption of risk" will be binding on my heirs, executors and assigns. I have read the above document and agree to abide by it.

Signature _____ Date _____

Certification of Parent or Legal Guardian

I certify that I am the parent or legal guardian of the above-named person, who is under 18 years of age. I give my consent for the above-named person to engage in shooting sports at the Club and affirm and accept the above-referenced assumption of risk and release on the above named person's behalf. I agree that I will indemnify the Club to the maximum extent permitted by law for all damages, losses and injuries suffered by the Club due to the above-named person's conduct while on Club premises.

Signature _____ Date _____

Print Name _____ Email Address _____