RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT

By my signature below, I acknowledge that I am aware of, appreciate the character of, and voluntarily assume the risks involved in participating in the activity listed below:

Shooting sports at the Brookings County Outdoor Adventure Center including, but not limited to, participating in events on the archery and pistol ranges.

By my signature below, on behalf of myself, my heirs, next of kin, successors in interest, assigns, personal representatives, and agents, I hereby:

1. Waive any claim or cause of action against and release from liability the County of Brookings, its officers, employees, volunteers, and agents for any liability for injuries to my person or property resulting from my participation in the activity listed above;
2. Agree to indemnify and hold harmless Brookings County, its officers, employees, volunteers, agents, or assignees, from any loss, liability, damage, claim, or cost that may incur arising out of or related to the Undersigned's injury or death, whether caused by the negligence of the County of Brookings or otherwise;
3. Acknowledge that the activity listed above is very dangerous and involves the risk of serious injury and/or death and/or property damage. The Undersigned also expressly acknowledges that injuries received may be compounded or increased by negligent rescue operations or medical procedures of the County of Brookings, its officers, employees, volunteers and agents;
4. Consent to receive any medical treatment deemed advisable during my participation in the activity listed above.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

First Name

Last Name

Middle Initial

Street Address

City

State

Zip Code

( ) -

Primary Phone Number

/ /

Birthdate

Email Address

Signature

Today's Date

Version 3