

**WAIVER OF LIABILITY
RELEASE, HOLD HARMLESS AND
INDEMNIFICATION AGREEMENT**

I wish to engage in any /all activities at the Sandwich Sportsman Club. I understand that engaging in activities while at the Sandwich Sportsman Club may be hazardous, with accompanying risks of personal injury, death, and/or loss or damage to my property. I understand that the terrain is rugged, uneven and may be unstable: that there are obstacles on the premises, including but not limited to rocks, boulders, tree stumps, fallen trees, nails, wood pieces, metal, glass, shells and other impediments. In consideration of my participation in such activities, I, on my own behalf and that of my heirs, successors, representatives, administrators and assigns, hereby:

1. Waive and completely release any and all, past, present or future claims, causes of action, suits, rights, damages, costs, expenses or obligations or demands of any kind whatsoever, I, or anyone on my behalf might have against Sandwich Sportsman Club., its parent, affiliates, subsidiaries or successor and their respective officers, directors, servants, employees, agents, representatives and contractors (together "Sandwich Sportsman Club"), for any loss, damage, personal injury, death and/or loss or damage to my property arising out of or related to the event(s) or daily business whether caused by negligence of the release's shooter or otherwise, from my participation in any/all activities while at the Sandwich Sportsman Club;
2. Agree to indemnify, defend and hold harmless Sandwich Sportsman Club, from any and all claims by any person, firm, corporation or others, for any damages, loss or claims, of any nature, arising in any way out of my participation in any/all activities while at the Sandwich Sportsman Club;
3. Assume all risks associated with such activities and all responsibility for medical expenses, costs and/or other obligations and other losses or injuries to me or in which I may become involved, by reason of my participation in any/all activities at the aforementioned facility or event.

I further certify that I am over eighteen [18] years of age and I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I understand that I have GIVEN UP SUBSTANTIAL RIGHTS by signing it. I have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me and extend my signature to be complete and unconditional release of all liability to the greatest extent allowed by law.

MY COMMITMENT TO SAFE GUN HANDLING

Anyone who uses a firearm has a responsibility to themselves and others to use the firearm safely.

I acknowledge that I am familiar with the basic rules of firearm safety and that those basic rules have been explained to me. I agree to follow all of the basic rules of firearm safety during my use and handling of all firearms.

The safe use of firearms dictates that I understand and agree to follow all of these instructions:

I WILL TREAT EVERY FIREARM AS IF IT WERE LOADED.

I WILL ALWAYS KEEP THE FIREARM POINTED IN A SAFE DIRECTION.

I WILL NOT PLACE MY FINGER ON THE TRIGGER OR IN THE TRIGGER GUARD UNLESS AND UNTIL I AM READY TO FIRE.

I WILL ALWAYS WEAR APPROPRIATE EYE AND EAR PROTECTION.

I WILL NEVER PASS THE FIREARM TO ANYONE WITHOUT OPENING AND KEEPING OPEN THE CYLINDER OR THE ACTION TO VERIFY THAT IT IS UNLOADED.

I WILL ALWAYS FOLLOW THE COMMANDS OF THE RANGE OFFICER.

I understand these basic rules of firearms safety and I agree to follow them at all times.

I UNDERSTAND THAT GUNS CAN BE DANGEROUS AND THAT THERE IS NO SHOOTER MEDICAL INSURANCE PROVIDED

INITIALS OF SHOOTER'S _____

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY THIS ____ day of _____, 20 ____

APPLICANT PRINTED NAME 1 _____ SIGNATURE _____

STATE I.D. # _____ FOID CARD # _____ EXP. DATE _____

APPLICANT PRINTED NAME 2 _____ SIGNATURE _____

STATE I.D. # _____ FOID CARD # _____ EXP. DATE _____

WITNESS SIGNATURE _____