

**2017 HIGHER INFORMATION GROUP'S CLAY SHOOT  
Blue Ridge Sportsman Club  
Harrisburg, PA**

**WAIVER AND RELEASE AGREEMENT**

In consideration of my voluntary participation in the 2017 Higher Information Group's Clay Shoot, I agree to the following Waiver and Release:

I acknowledge that clay target shooting has inherent risks, hazard and dangers that cannot be eliminated. *I UNDERSTAND THAT THESE RISKS, HAZARDS AND DANGERS INCLUDE WITHOUT LIMITATION:*

1. The risk of handling firearms and being near others who have firearms in their possession.
2. The risk of ear damage from noise.
3. The risk of injury from ammunition, clay targets and shot from other firearms.
4. Traversing uneven ground and encounters with wildlife, animals and insects.
5. Inclement and sever weather conditions.

*FOR EYE AND EAR PROTECTION, YOU ARE REQUIRED TO USE EARPLUGS OR EARMUFFS AND PROTECTIVE EYEGLASSES. IF YOU FAIL TO USE EAR AND EYE PROTECTION AT ANY TIME, YOU DO SO AT YOUR OWN RISK.*

I understand the risks, hazards and dangers as described above for a SPORTING CLAYS CHAMPIONSHIP, and I understand that I am voluntarily participating in this activity. With full knowledge of the inherent risks, hazards and dangers involved, I hereby assume and accept any and all risks of injury, paralysis or death.

I, for myself, my heirs, successors, executors and subrogates, hereby KNOWINGLY AND INTENTIONALLY WAIVE AND RELEASE, INDEMNIFY AND HOLD HARMLESS The Blue Ridge Sportsman Club, it's directors, officers, agents, employees and volunteers from and against any and all claims, actions, causes of actions, liabilities, lawsuits and expenses which are related to, arise out of, or are in any way connected with my participation in this activity including, but not limited to, NEGLIGENCE of any kind or nature, whether foreseen or unforeseen, arising directly or indirectly out of any damage, loss, injury, paralysis or death to me or my property as a result of my engaging in this activity.

*I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER AND RELEASE AGREEMENT.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*IF YOU ARE UNDER 18 YEARS OF AGE, A PARENT, GUARDIAN OR CUSTODIAN MUST SIGN THIS INDEMNIFICATION AGREEMENT.*

NAME OF MINOR (PRINT): \_\_\_\_\_

SIGNATURE OF PARENT, GUARDIAN OR CUSTODIAN OF MINOR:

\_\_\_\_\_ DATE: \_\_\_\_\_