Sanford-Springvale Fish & Game Protective Association

PO Box 788 Sanford, ME 04073

Action Shooting Match Liability Release and Indemnity Agreement

(Please PRINT legibly - All blanks must be filled in)

NAME		
ADDRESS		
TOWN	STATE	ZIP
PHONE	DOB	
EMAIL		
As a member, contestant, official, or spectator at Sanfor Association (hereafter referred to as "Club"), I acknowl involved in any activity in which I may choose to partic involved in participating or watching others participate. Club, its officers, Board of Directors, members, and all or any other activities taking place in or around the Club and all claims, actions, suits, procedures, costs, expense whatever nature, arising out of, in any way connected w including without limitation the manufacture, selection, any equipment, and any conditions of the natural environment.	edge that I am for ipate. I hereby a I do hereby indo individuals partion and Club grounds, damages, and with, or resulting delivery, posses	ully aware of the risks gree to assume all risks emnify and hold harmless the icipating or working in these, nds, against and from any all other liabilities, of from these activities,
I do hereby agree to participate in these activities only is regulations presented to me.	n accordance wi	th the rules, instructions, and
NOTICE : This document is intended to be a legally bir of injury or damage. If you have any questions or doubt consult an attorney before signing.	_	•
(signature) (If under 18, parent or guardian must sign below)	(6	date)
(signature of parent/guardian)	(0	date)

 $San for d\text{-}Spring vale\ Fish\ \&\ Game\ Protective\ Association\ reserves\ the\ right\ to\ refuse\ participation\ to\ anyone\ on\ any\ grounds.$

Eye and Ear Protection are REQUIRED for both participants and spectators.

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