

WAIVER & INDEMNIFICATION AGREEMENT

All sections of this form must be completed and signed prior to your involvement in any event. If you are under 18 years of age, this form must be signed by your parent or guardian prior to your involvement in any event. If you fail to do so you will not be allowed to participate.

I know that handling and being around firearms is a potentially hazardous activity which could cause injury or death. I should not participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, am in good health, and am properly trained. I agree to abide by any decision of an event leader to deny or suspend my participation for any reason whatsoever. I assume all risks associated with participating in this event. These risks and dangers may be caused by the negligence of others and may arise from foreseeable or unforeseeable causes.

I hereby grant full permission to use my name and any photographs, videotapes, or other record of this event for consideration of your accepting my entry.

By voluntarily participating in the event, I individually and on behalf of my personal representatives, heirs, successors and assigns, hereby release and forever discharge Our Savior's Lutheran Church - Zumbrota, MN, and all its employees, volunteers, sponsors, their representatives and successors from all claims or liabilities of any kind (except that which is the result of gross negligence and/or wanton misconduct) arising out of my participation in this event.

I, individually, and on behalf of myself, my personal representatives, heirs, successors and assigns, agree to hold harmless, defend, and indemnify Our Savior's Lutheran Church - Zumbrota, MN and all employees, volunteers, sponsors, their representatives and successors from any and all claims, suits, or causes of action by others for bodily injury, property damage, or other damages which may arise out of, result from, occur during or are in any way connected with the event.

I AGREE THAT THIS WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT IS TO BE CONSTRUED UNDER THE LAWS OF THE STATE OF MINNESOTA, U.S.A; AND THAT IF ANY PORTION HEREOF IS HELD INVALID, THE BALANCE HEREOF SHALL, NOTWITHSTANDING, CONTINUE IN FULL LEGAL FORCE AND EFFECT. I AGREE THAT THIS AGREEMENT IS TO BE CONSTRUED BROADLY TO PROVIDE A WAIVER, RELEASE AND INDEMNIFICATION TO THE MAXIMUM EXTENT PERMISSIBLE UNDER APPLICABLE LAW.

IN SIGNING THIS AGREEMENT I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ENTIRE AGREEMENT, THAT I UNDERSTAND ITS TERMS AND BY SIGNING IT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS AND THAT I HAV SIGNED IT KNOWINGLY AND VOLUNTARILY.

SIGNATURE

AGE

DATE

PRINTED NAME

SIGNATURE OF PARENT OR GUARDIAN
(If less than 18 years old)

PRINTED ADDRESS

PRINTED CITY, STATE AND ZIP CODE

PRINTED EMAIL ADDRESS