



BROKENHEAD RIVER GAME AND FISH ASSOCIATION

P.O. Box 1404 Beausejour, MB. R0E0C0

Release of Liability

(Please read carefully and print legibly)

I, _____ hereby acknowledge that I am voluntarily entering onto the Shooting Ranges of the Brokenhead River Game and Fish Association to engage in use of the shooting range facility and/or observe any activities of the shoot range facility.

The Brokenhead River Game and Fish Association and its representatives have taken all reasonable steps to ensure the safety of those who attend at and use the shooting ranges, there are inherent risks involved as set forth in the Statement of Risk below.

Statement of Risk

_____*Initial* I acknowledge and understand that shooting activities are inherently hazardous and involve both known and unanticipated risks which could result in damage or destruction of the property or emotional injury, including paralysis or death, of myself or of other people.

_____*Initial* I further acknowledge and understand that the nature and condition of the Shooting Ranges facilities, premises and environment is such that both known and unanticipated hazards exist which create or contribute to both known and unanticipated hazards inherent in entering the Shooting Ranges, in using the Shooting Ranges facilities and in engaging in or observing any activities of any kind whatsoever while at the Shooting Ranges. The hazards include, but are not limited to, slippery loose or falling soil and rocks, unimproved, unmaintained or uneven terrain, walkways, steps and roads.

Release of Liability Waiver of Claims, Assumption of Risks and Indemnity Agreement

To: Brokenhead River Game and Fish Association

I, _____ hereby agree to the following:

- 1. TO WAIVER ANY AND ALL CLAIMS** that I have or may have against Brokenhead River Game and Fish Association and its representatives and their respective servants, successors, assign, agents and employees.
- 2. TO RELEASE** Brokenhead River Game and Fish Association and its representatives or volunteers from any or all claims, demands, damages, actions or causes of action arising out of the/ or in consequences of any loss, injury, damages (including death) or expenses that I may suffer as a result of my participation in the Brokenhead River Game and Fish Association Shooting Ranges due to any cause.
- 3. THAT I AM IN PROPER PHYSICAL AND MENTAL CONDITION** to attend at and use the Shooting Ranges and to accept the risks set out herein and that if I am under the age of Eighteen (18) years old, my parent or guardian as set forth below has reviewed this Waiver and Acknowledgement and has advised me of the risks involved.

- 4. TO HOLD HARMLESS AND INDEMNIFY** Brokenhead River Game and Fish Association from any and all liability for any loss, damage, injury or expenses to any third party, resulting from the attendance at or use of the Shooting Ranges.
- 5. THAT THIS AGREEMENT** shall be effective and binding upon by heirs, executors, administrators, or assigns.

ACKNOWLEDGMENT

I confirm that I have read and understood this Waiver and Acknowledgement and further acknowledge that I have read and understood the Brokenhead River Game & Fish Association Constitution and Bylaws prior to signing, and I am aware that by signing this Waiver and Acknowledgement, I am waiving certain legal rights which I or my heirs, executors, administrators and assigns may have against Brokenhead River Game and Fish Association, its representatives, servants, successors, assign, agents, employees or volunteers of those operating the Shooting Ranges.

Signed this _____ day of _____, 20__

Name of Participant: _____

Signature of Participant: _____

Telephone: _____ Cell Phone: _____

Email: _____

Address: _____

City/Province/Postal Code: _____

****THIS SECTION TO BE COMPLETED FOR PARTICIPANTS 17 YEARS OF AGE OR YOUNGER****

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Telephone: _____ Cell Phone: _____

Email: _____

Address: _____

City/Province/Postal Code: _____