**KESWICK HUNT CLUB CLAYS SHOOT**

**East End \* 1010 Nolting Road; Louisa, VA 23093**

 **April 6, 2024 (rain or shine)**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Competitive Sportsman’s 9:00 AM**

 **Shoot (limited to 40) $100/$105.00\***

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_­\_Competitive Sportsmen’s 2:00 PM**

**City, ST, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shoot (limited to 50) $100/$105.00\***

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Lunch RSVP**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ SxS (to be scored for SxS trophy)**

**Hunt Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WAIVER AND RELEASE AGREEMENT**

Please read carefully before signing - This is a release of liability and waiver of certain legal rights. In consideration for my being permitted to participate in the activities of **Keswick Hunt Club Clays Shoot,** I agree to the following Waiver and Release:

I acknowledge that hunting and/or target shooting has inherent risks, hazards, and dangers for anyone that cannot be eliminated, particularly in a wilderness environment. I UNDERSTAND THAT THESE RISKS, HAZARDS, AND DANGERS INCLUDE WITHOUT LIMITATION:

1. The risk of handling firearms and being near others that 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 guns;

4. Walking in rugged country, including encounters with wildlife, animals and insects;

5. Inclement weather conditions.

I understand the risks, hazards, and dangers of the use of firearms and have had the opportunity to discuss them with **Keswick Hunt Club Clays Shoot**. I understand that these activities may require good physical conditioning and a degree of skill and knowledge. I believe I have that good physical conditioning and the degree of skill and knowledge necessary for me to engage in these activities safely. I understand that I have responsibilities. My participation in this activity is purely voluntary. No one is forcing me to participate, and I elect to participate despite the risks. I AM VOLUNTARILY USING THE SERVICES OF **Keswick Hunt Club Clays Shoot,** WITH FULL KNOWLEDGE OF THE INHERENT RISKS, HAZARDS, AND DANGERS INVOLVED AND HEREBY ASSUME AND ACCEPT ANY AND ALL RISKS OF INJURY, PARALYSIS, OR DEATH. Lastly, I, for myself, my heirs, successors, executors, and subrogates, hereby KNOWINGLY AND INTENTIONALLY WAIVE AND RELEASE, INDEMNIFY AND HOLD HARMLESS, **Keswick Hunt Club Clays Shoot,** their directors, officers, members, agents, employees, and volunteers, and all their related entities, including but not limited Diane & Paul Manning, East End, Bill & Lindy Sanford, Pete and Vanessa Massaro and Jimmy Hanagan, and all their related entities, from and against any and all claims, actions, causes of action, liabilities, suits, expenses (including reasonable attorneys' fees) 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 these activities or the use of these services, animals or equipment, whether such damage, loss, injury, paralysis, or death results from negligence of **Keswick Hunt Club**, or from some other cause. I, for myself, my heirs, my successors, executors, and subrogates, further agree not to sue **Keswick Hunt Club Clays Shoot** as a result of any injury, paralysis, or death suffered in connection with my use and participation in the activities of **Keswick Hunt Club Clays Shoot.**

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

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UNDER THE AGE OF 18 YEARS, A PARENT/GUARDIAN MUST COMPLETE AND SIGN THE FOLLOWING PARENT'S/GUARDIAN'S APPROVAL:**

I am the Parent/Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, age\_\_\_\_\_, the minor child ("child") listed above as the Participant. On the child's behalf and on my behalf and on behalf of all other parents or guardians of the child, if any, I also enter into this **AGREEMENT & WAIVER OF RIGHTS & INDEMNIFICATION** as a party to the same, and hereby assume all obligations incumbent upon Participant hereunder. I further authorize any emergency medical care for the child in the event the child is injured in connection with the child's participation in any *equine activities.* I further represent and warrant that I have full authority to act as I have done hereby.

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF GUARDIAN DATE SIGNED

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS OF GUARDIAN PHONE

**MAIL CHECKS AND WAIVER TO: Keswick Hunt Club, Inc., P.O. Box 227; Keswick, VA 22947. ENTRIE FEES MAY ALSO BE PAID AT** [**WWW.KESWICKHUNTCLUB.COM/PAYMENTS**](http://WWW.KESWICKHUNTCLUB.COM/PAYMENTS)**. WAIVERS MAY BE E-MAILED TO** **KESWICKHUNTCLUB1896@OUTLOOK.COM****.**