

Ickesburg Sportsmen's Association, Inc.

PO Box 175
Ickesburg, PA 17037

Alias: _____

RELEASE\DISCLAIMER

I do hereby assume full responsibility for any and all damages, injuries (including death) or losses that I may sustain or incur, if any, while attending, engaging, practicing, participating or witnessing shooting, fishing or any other activity and/or certain event(s) occurring on or about the premises of the Ickesburg Sportsmen's Association, Inc. or at any offsite location. I hereby assume full risk, waive all claims and release and hold the Ickesburg Sportsmen's Association, Inc.; it's cowboy action shooting committee, the Perry County Regulators; any other committee of the Association; its instructors; members; officers; or directors individually or otherwise, harmless for any and all liability, claims, suits, damages, expenses, fees, actions, or rights of action or judgment as a result of injury or death to myself or members of my family or heirs, or my guests, or damage destruction or loss to my property, which in any way relates to, arises out of, or is in any way connected with my presence on the premises, or my participation in events or activities thereon, or the negligent acts or omissions of the releasees or any other third party.

I am fully aware and understand that the Ickesburg Sportsmen's Association, Inc. and its committees do not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services or have any responsibility to call or communicate with any such services.

In consideration of my participation in and the use of the Ickesburg Sportsmen's Association, Inc. premises or facilities, I hereby release and covenant not to sue the owner of the premises (releasees), committees, members, officers, or directors from any and all claims resulting from any physical injury that may occur to me while participating in any program or event sponsored by Ickesburg Sportsmen's Association, Inc. or its committees, and further agree to save and hold harmless all releasees from the expense, including attorney's fees, of defending against any such suits or claims.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

Parents or guardians must sign if applicant is under 18.

Print Name: _____ Member: _____ Guest: _____
Street: _____
City: _____ State: _____ Zip: _____
Signature: _____
Parent/Guardian Name (Print): _____
Parent/Guardian Signature: _____
Date: _____

Perry County Regulators

To insure accurate data to best notify and serve our membership we request that all members/shooters fill out the information below and have it ready to turn into the score keeper at the first match you attend this year.

Alias: _____

Name: _____

Address: _____

Phone: _____

Email: _____

SASS Number: _____

Preferred Shooting Category: _____

Emergency Contact: _____

Contact Phone #: _____