

BIG PINE GUN CLUB
PARTICIPANT WAIVER AND COMMITMENT

I understand that participation in shooting activities involves the risks of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the camp director or instructors.

I also understand that participation in these activities is voluntary and requires participants to follow instructions and abide by all applicable rules and standards of conduct.

In case of an emergency I understand that efforts will be made to contact the individuals listed as the emergency contact by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery and medications. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant.

I have carefully considered the risk involved and hereby give my informed consent to participate in all activities offered in the program. I also hereby fully and completely release and waive any and all claims of personal injury, death, or loss that may arise against the Big Pine Gun Club, board members, instructors, volunteers, and related parties with any program or activity.

I hereby assign the right and permission to Big Pine Gun Club to use and publish photographs/film/videotapes. I also hereby release the Big Pine Gun Club, board members, instructors, volunteers, and related parties from any and all liability from such use and publication.

Participant's Printed Name: _____

Participant's Signature: _____

Date: _____