

**Loudoun Fair & Associates, Inc. / Lovettsville Game Protective Association**

**TURKEY SHOOT WAIVER AND RELEASE OF LIABILITY**

In consideration of Loudoun Fair & Associates (LFA) and Lovettsville Game Protective Association (LGPA) sponsoring the event (although some equipment may be furnished by LFA, LGPA, myself, or others) to enable me to participate in the Turkey Shoot, I agree as follows:

I fully understand and acknowledge that; (a) risks and dangers exist in my use of Firearms equipment and my participation in Turkey Shoot activities; (b) my participation in such activities and/or use of such equipment may result in my injury or illness including but not limited to bodily injury, disease strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of LFA and/or LGPA ; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (d) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, employees of LFA and/or LGPA, or by any other person.

I, on behalf of myself, my personal representatives, and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify LFA and LGPA and its owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of Turkey Shoot equipment or my participation in Turkey Shoot activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers, or employees of LFA and LGPA.

**MEDICAL PERMISSION AUTHORIZATION**

If the participant is of minority age, the undersigned parent or guardian hereby gives permission for LFA and LGPA to authorize emergency medical treatment as may be deemed necessary for the child named below while participating in the Turkey Shoot from this date for one year from the date of signature.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT, I VOLUNTARILY AGREE TO EXEMPT, RELEASE AND OTHERWISE RELIEVE LFA AND LGPA FROM ALL LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, WRONGFUL DEATH OR OTHER RELATED INJURIES CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

_____	_____	_____	_____
Print Name	Age	Date of Birth	Phone
_____	_____	_____	_____
Signature	Address		City, State Zip
_____	_____	_____	_____
Signature of Parent/Guardian (if less than 18 yrs old)		E-mail	
_____			
Date			