

Loudoun Fair & Associates, Inc.

TURKEY SHOOT ASSUMPTION OF THE RISK WAIVER

In consideration of Loudoun Fair & Associates, Inc. (LFA) sponsoring a turkey shoot (where personal shotguns (“Firearms”) owned participants are fired from stationary positions, at stationary paper targets)(the “Activity”)(although some equipment may be furnished by LFA, myself, or others) to enable me to participate in the Activity, I agree as follows: I fully understand and acknowledge that ; (a) risks and dangers exist in the use of Firearms during the Activity from the accidental discharge of Firearms, malfunctioning Firearms or ammunition, and the improper handling of Firearms by other participants, ; (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, or other ailments that could cause serious disability or death.

Assumption of Risk:

I understand that my participation in this Activity may necessarily involve elements of risks and danger as outlined above. I hereby voluntarily assume that risk as a prerequisite to my participation in this Activity. I acknowledge that I have no physical or mental health conditions that would interfere with my ability to participate in this Activity or would endanger my health or that of others involved in this Activity. I agree that as a participant in this Activity, I am responsible for my own behavior and well-being and agree to abide by the directives and precautions given by Activity leaders or LFA officials or agents for my safety or the safety of others. I understand that LFA reserves the right to exclude my participation in this Activity if my participation or behavior is deemed detrimental to the safety or welfare of others.

MEDICAL PERMISSION AUTHORIZATION

If the participant is of minority age, the undersigned parent or guardian hereby gives permission for LFA 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.

IN CONSIDERATION FOR BEING PERMITTED TO PARTICIPATE IN THIS ACTIVITY, AND BECAUSE I HAVE AGREED TO ASSUME THE RISKS INVOLVED, I AGREE THAT I AM RESPONSIBLE FOR ANY RESULTING PERSONAL INJURY, DAMAGE TO OR LOSS OF MY PROPERTY WHICH MAY OCCUR AS A RESULT OF MY PARTICIPATION OR ARISING OUT OF MY PARTICIPATION IN THIS PROGRAM, UNLESS ANY SUCH PERSONAL INJURY, DAMAGE TO OR LOSS OF MY PROPERTY IS DIRECTLY DUE TO THE NEGLIGENCE OF LFA. I HAVE READ AND UNDERSTOOD THE ABOVE PROVISIONS AND VOLUNTARILY AGREE TO BE BOUND BY THEM.

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			