RELEASE AND INDEMNITY AGREEMENT Spectators

(one to be filled out for each family member or friend staying on property during tryouts or practices)

I,	
Hereby release, hold harmless, and forever discharge Delacy Fields and his family members, SE Guilford FFA Hunter Safety Team Coaches, NRA Range Safety Officers, and/or special guest invited to participate in the S Guilford FFA Hunter Safety Program from any and all liability claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, property damage, or personal injury, including death, that makes be caused by, resulting from, arising out of or in connection with participation or as a spectator in this program	E
I am fully aware of the risks and hazards associated within this activity and acknowledge that these risks have been explained to me prior to my participation and/or observing as a spectator. These risks include, but are no limited to falls, cuts, breaks, bites, allergic reactions, and strains and could also include injury or loss caused by other participants/spectators. I hereby elect voluntarily to participate/spectator in said activity and fully acknowledge that the activity may be hazardous to me, my property and my guest, if any. I voluntarily assum full responsibility and liability for any risk of loss, property damage, or any personal injury, including death, which may be sustained and any loss or damage to property owned by me or my guest as a result of being engaged and in proximity of such activity.	ot)y
It is my expressed intent that this Release and Indemnity Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue Delacy Fields and family, SE Guilford FFA Hunter Safety Team Coaches, NRA Range Safety Officers, and/or special guest invited to the SE Guilford FFA Hunter Safety Program activities.	
In signing below, I acknowledge and represent that I have read the foregoing Release and Indemnity Agreement, understand and will abide by said agreement and sign this voluntarily.	
Printed Name:	
Signed Name:	
Address:	
Date:	

RELEASE AND INDEMNITY AGREEMENT Student Participating (one to be filled out for each student on property)

I,(Parent/Guardian)	in consideration of my child	's
(Parent/Guardian)	,in consideration of my child	(Child's name)
participation in the SE Guilford FFA		
discharge Delacy Fields and his family	members, Hunter Safety Team C	oaches, NRA Range Safety Officers,
and/or special guest invited to improve	e my child's marksmanship, from a	my and all liability claims, demands,
actions and causes of action whatsoev		
injury, including death, that may be ca	nused by, resulting from, arising or	at of or in connection with my child
participating in this Program.		
		tion in this activity and acknowledge
that these risks have been explained to		
limited to falls, cuts, breaks, bites, aller		
other team members. I hereby elec	t voluntarily for my child to pa	articipate in said activity and fully
acknowledge that the activity may be		
assume full responsibility and liability		
death, which may be sustained by my		lamage to property owned by me/my
child as a result of being engaged in suc		
		ment shall bind the members of my
family and spouse, if I am alive, and m		
be deemed as a release, waiver, discharge Coaches NRA Range Safety Offi	_	·
Team Coaches, NRA Range Safety Offi	icers, and/or special guest invited to	improve my child's marksmansmp.
In signing below I acknowledge	ge and represent that I have read t	he foregoing Release and Indemnity
Agreement, understand and will abide b	•	
	y said agreement and sign mis verd	
Parent/Guardian Printed Name:		
Parent/Guardian Signed Name:		
Child's Name Participating:		
omia si vame i articipating.		
Parent/Guardian Complete Address:		
Parent/Guardian Email Address (es):		

Date: _____