## **CAMROSE SHOOTING SPORTS ASSOCIATION**

## RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

To: Camrose Shooting Sports Association and its directors, officers, agents, instructors, employees, contractors, representatives, members, volunteers, successors and assigns (hereinafter referred to as the "CSSA"):

Participant Name:		Date of Birth:	
Address:	C	City:	
Province: F	ostal Code:		
Home Phone:	Cell Phone:		
Emergency Contact Name:	Relationship:	Phone:	
sponsored or authorized by the CSS seminars and courses, instruction, a Acknowledgement and Assumption	SA, including but not limited to: shooting, course of facilities and transportation to and froon of Risks		
<ul><li>serious personal injury or death.</li><li>I am aware of the risks, dangers</li></ul>	and hazards associated with shooting spo	erent risks, dangers and hazards, including the risk of rts and I freely accept and fully assume all such risks, damage or loss resulting from my participation in	
•	ting me to engage in shooting sports and a r facilities, and for good and valuable cons	all associated activities and allowing me to use their ideration, the receipt and sufficiency of which is	
liability for loss, damage, e. participation in shooting sp CSSA (gross or otherwise)	spense or injury, including death, that I or morts. This release includes but is not limited breach of contract, or breach of any statute Occupiers Liability Act, RSA 2000, c. 0-4,	CSSA, and I release the CSSA from any and all my next of kin may suffer as a result of my I to any and all liability arising from negligence of the ory or other duty of care on the part of the CSSA, and any replacement statutes or amendments	
	abilities of every nature or kind arising out o	actions, proceedings, claims, damages, costs, of or in any way connected with my, or my guests'	
•	to this Agreement will be brought solely wit	e with the laws of the Province of Alberta and any thin the Province of Alberta and will be within the	
<ul><li>4. This Release is binding on</li><li>5. I am not relying on any rep</li></ul>	<ul> <li>This Release is binding on my heirs, next of kin, and personal representatives in the event of my death or incapacity.</li> <li>I am not relying on any representations or statements made by the CSSA regarding the safety of shooting sports other than what is set out in this Release Agreement.</li> </ul>		
	greement and I understand that by sign f kin, and personal representatives may	ing this Agreement I am waiving certain legal have against the CSSA.	
Date:		nt Signature	

Witness Name (please print)

Parent/Guardian Name (please print)

**Witness Signature** 

Parent/Guardian Signature (if participant is under 18)