



Waiver of Liability Agreement

(Must be completed, signed and submitted with your League Registration Form)

I, ("Participant"), acknowledge that I have voluntarily applied to participate in the following activity club/sports club/event

3M Club Trap & Skeet Club Clay Target Shooting

Description of activities which Participant will engage in

I AM AWARE THAT THESE ACTIVITIES MAY BE HAZARDOUS AND COULD RESULT IN MINOR TO SEVERE INJURY AND IN EXTREME CASES DEATH. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

I verify this statement by placing my initials:

Parent or Guardian's initials (if under 18):

I release the 3M Club of St. Paul, Inc., its respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the 3M Club of St. Paul Inc., and sign it of my own free will. If signed by Parent or Guardian: I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them.

Participant Name (Please Print)	Parent or Guardian Name (Please Print)
Participant Signature	Parent or Guardian Signature

IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED.

Address:

City, State, Zip:	Your Phone Number:
Emergency Contact:	Emergency Contact Phone Number: