

Little Rock Air Force Base Sportsman Pass

Liability Release

Release of Liability, Hold Harmless and Indemnification Agreement

In consideration of use for the military range, I freely accept and voluntarily assume ALL RISK of personal injury or death or property damage. I specifically acknowledge the risks associated with firing weapons, which can include severe personal injury and even death, and hereby assume the risk of firing said weapons.

I hereby release, remise, discharge and covenant not to sue the United States and the United States Armed Forces, and its agents, volunteers and employees from any and all liability for personal injury or death or property damage which results in any way from negligent actions and/or omissions of employees, volunteers and/or agents of the United States Armed Forces, arising out of the conditions on or about the premises and the facilities used for the base hunting program, including but not limited to natural or man-made obstacles and its placement, visibility or condition or my participation in any activity. I further agree to indemnify and hold said entities and persons harmless from the claims or causes of action asserted by any other persons on my behalf, or in their own right, arising out of said participation, activities, or transportation. I similarly agree to hold said entities and persons harmless from the claims of other persons arising out of any acts done by me. I agree that these conditions and agreements are binding on all my heirs, executors, administrators, representatives, assignees, and successors in action. Further, I agree to follow all rules and requirements of appropriate policies and regulations. Upon violation, I will be sent home.

I AM ACCEPTING MYSELF THE FULL RESPONSIBILITY FOR ANY AND ALL SUCH INJURY OR DEATH OR PROPERTY DAMAGE OF ANY KIND WHICH MAY RESULT. I ESPECIALLY AGREE TO ASSUME ALL RISK OF PERSONAL INJURY OR DEATH OR PROPERTY DAMAGE ASSOCIATED WITH PARTICIPATION IN THE EVENT.

If I am signing on behalf of a minor, I hereby certify that I have full authority to act as his/her legal guardian and in that capacity I understand that in case of injury or illness of a minor, I will be notified. In the event of an emergency, I hereby consent to whatever medical treatment is deemed necessary for said minor, and I agree to pay the expenses related thereto. Said minor is to abide by all rules and requirements of appropriate policies and regulations. Upon violation, said minor may be sent home at my expense.

I hereby agree to fully indemnify and hold the United States Air Force and to the extent applicable the United States Armed Forces, harmless from any and all damages or losses or actions or any kind brought by any person, including the minor, which arises out of the participation in and/or attendance of activities on the Little Rock Air Force Base.

I have read and understand the above, and willingly agree to said terms and conditions.

Printed Name of Participant

Signature of Participant

Date

Address

Phone

Parent/Legal Guardian Signature

Date