

## Release/Disclaimer

I do hereby assume full responsibility for any and all damages, injuries (including death), or losses that I or my child may sustain or incur, if any, while attending, engaging, practicing, participating, or witnessing shooting and/or other events occurring in or about the premises of Cheyenne Field Archers, 7415 Archies Rd, Cheyenne, WY. I hereby assume full risk, waive all claims and release and hold Cheyenne Field Archers, Tumbleweed JOAD, Cheyenne Field Archers Scholarship Foundation and Laramie County 4-H Shooting Sports or partners and volunteers of said programs of event, individually or otherwise, harmless for any and all liability, claims, suits, damages, expenses, fees, actions, or rights of action or judgements as a result of injury or death to myself or members of my family or heirs, or my guests, or damage, destruction or loss to my property, which in way relates to, arises out of, or is in any way connected with my presence on the premises, or my participation in events or activities thereon, or the negligent acts or omissions of the releases of any other third party.

I am fully aware and understand that Cheyenne Field Archers does not have on or about the premises, or employ or contract with any medical services or have provisions for ordinary or emergency medical services.

In consideration of my participation in and the use of the Cheyenne Field Archers premises or facilities, I hereby release and promise not to sue the owner of the premises, shareholders, directors, officers, employees, representatives, agents, and affiliates, for any and all claims resulting from any physical injury that may occur to me or my child while participating in any program or event sponsored by Cheyenne Field Archers, Tumbleweed JOAD, Cheyenne Field Archers Scholarship Foundation or Laramie County 4-H Shooting Sports.

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I have read and fully understand the above release waiver and fully understand that I have given up substantial rights by signing this waiver voluntarily.

**Parent or guardian must sign if applicant is UNDER 18.**

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_