



Michael Zemanek Memorial Foundation, Inc. Liability Release Release of Liability, Hold Harmless, and Indemnification Agreement

In consideration for use of the Lamoille Valley Fish and Game Club, I freely accept and voluntarily assume ALL RISK of property damage, personal injury, or death. 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 Michael Zemanek Memorial Foundation, Inc. (MICHAEL ZEMANEK MEMORIAL FOUNDATION, INC.); the Green Mountain Practical Shooters (GREEN MOUNTAIN PRACTICAL SHOOTERS); and Lamoille Valley Fish and Game Club (LAMOILLE VALLEY FISH AND GAME CLUB); and it's agents, volunteers, and employees from any and all liability for property damage, personal injury or death which results in any way from negligent actions and/or omissions of employees, volunteers an/or agents of the Michael Zemanek Memorial Foundation, Inc., the Green Mountain Practical Shooters, and Lamoille Valley Fish and Game Club, arising out of the conditions on or about the premises and the facilities used for the 2nd Annual Michael Zemanek Memorial Foundation, Inc. Law Enforcement Officer and Military Pistol Shoot Fundraiser including but not limited to natural or man-made obstacles and it's placement, visibility or condition or my participation in any activity during the Michael Zemanek Memorial Foundation, Inc. related matches ACCEPTING MYSELF THE FULL RESPONSIBILITY FOR ANY AND ALL SUCH INJURY OR DEATH OF ANY KIND WHICH MAY RESULT. I ESPECIALLY AGREE TO ASSUME ALL RISK OF PROPERTY DAMAGE, PERSONAL INJURY, OR DEATH 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. If it is impossible to contact me and it is an emergency, I hereby give permission for an attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of the minor child.

I hereby agree to fully indemnify and hold the Michael Zemanek Memorial Foundation, Inc., the Green Mountain Practical Shooters, and Lamoille Valley Fish and Game Club harmless from any and all damages or losses or actions of any kind brought by any person, including the minor, which arises out of the participation in and/or attendance at the activities of the 2nd Annual Michael Zemanek Memorial Foundation, Inc. LEO & Military Fundraising Shoot, related matches and other civilian shooting events.

Name of Participant/Spectator

Age

Telephone Number

Street, City, State, Zip

Signature of Participant

Date

Parent/Legal Guardian Signature

Date

Emergency Contact Information [Name(s) and Telephone Number(s)]:

Name/Telephone Number

Name/Telephone Number

Please complete form and mail to:
Josh MaCura, P.O. Box 224, Barre VT 05641