

YOLO COUNTY RETIRED PEACE OFFICER ASSOCIATION
RELEASE OF LIABILITY FORM

Date: _____

ACTIVITY/DESTINATION: YCRPOA FUN SHOOT 2019

NAME: _____
(Print) Last (Print) First (Print) Middle

I hereby waive, release, and discharge any/all claims for damages to property, personal injury, and to include death which may, during and hereafter occur, as the result from my participation in the above-mentioned activity.

By signing this release form, I discharge The, YOLO COUNTY RETIRED PEACE OFFICER ASSOCIATION its employees, officers, agents, and landowners or property owners, from any liabilities arising out of or in connection with my participation in the above mentioned activity.

In the event of illness or injury, that might prevent my verbal consent, I hereby consent to whatever treatment deemed necessary for my safety and welfare. The treatment is to be administered by a licensed/accredited First Aid Responder, physician/surgeon. I understand that the resulting expenses will be my responsibility.

Signature

Date

(Print) Residence Address

Telephone number

(Print) City State

Zip code

(Print) Health Ins. Policy

Policy number

In case of an emergency, please notify:

(Print) Name

Telephone number