

Henry County Gun Club
Acknowledgement of Risk and Hold Harmless Agreement

GUEST PARTICIPANT

I (or my parent/legal guardian if I am a minor) hereby acknowledge that I have voluntarily chosen to use the facilities and/or participate in the activities of Henry County Gun Club (HCGC).

I recognize that the activities at HCGC involve risk of injury and I hereby accept all risks associated with my involvement with these activities including, but not limited to, property damage or loss, bodily injury, and death. Furthermore, I recognize that participation in these activities involves risks incidental to firearms use during training, practice, competition, or other uses including, but not limited to, travel to and from competitions, practice, classes, competition, and the possible reckless conduct of other participants. I am voluntarily participating in these activities with full knowledge of the risks involved and hereby accept all risks inherent in, related to or arising from participation in said activities.

In consideration of my participation in the activities at HCGC and to the fullest extent permitted by law, I agree to indemnify, defend, and hold harmless HCGC Board of Directors, Match Directors, members, employees, agents, volunteers, and assigns from and against all claims related to or arising from my participation in these activities. "Claim" as used in this agreement means any loss, financial loss, claim suit, action, damage, or expense including, but not limited to, attorneys' fees attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property including loss of use resulting there from related to or arising from the activities of HCGC. In addition, I hereby hold harmless HCGC, its officers, Directors, members, employees, agents, volunteers and assigns from all claims, both present and future, that may be made by me, my family, my estate, heirs, or assigns.

I hereby expressly agree to indemnify, defend, and hold harmless HCGC, its officers, Directors, members, employees, agents, volunteers, and assigns from any claim related to, arising from or incident to my participation in the activities at HCGC.

I also understand that HCGC does not provide any medical or dental insurance or life insurance to cover bodily injury, illness, or death, nor insurance for personal property damage or loss, nor insurance for liability arising out of my negligent acts or omissions; and acknowledge that I am completely responsible for my own insurance to cover my expenses.

I further understand that this acknowledgement of risk and hold harmless is intended to be as broad and inclusive as permitted by the laws of the State of Tennessee and that if any portion hereof is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

I agree that this agreement and any disputes related hereto shall be governed by that laws of the State of Tennessee and that Henry County Tennessee is the only proper jurisdiction and venue for the resolution of claims or disputes arising from or related to this agreement and the activities contemplated hereby. I agree that this acknowledgment of risk and hold harmless is effective for as long as I participate in any programs or activities of HCGC.

Print Name: _____ Sign Name: _____

Date: _____ Witness Signature: _____