

Pine Island White Pines Sportsman's Club
P.O. Box 1188
Pine Island, MN 55963

Name _____

Address _____

City _____ State _____ Zip _____

E-Mail Address _____

Phone _____ Year _____

Annual _____
\$35.00

Life _____
\$500.00

**RELEASE OF LIABILITY
AND
ASSUMPTION OF RISK AGREEMENT**

I AGREE THAT in consideration of **Pine Island White Pines Sportsman's Club** (Hereinafter "PIWPSC") allowing me access onto their premises used to conduct sporting activities --including firearm shooting and archery-- and allowing me to participate in these and other activities upon their premises, I, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, do HEREBY RELEASE, DISCHARGE AND HOLD HARMLESS "PIWPSC", its members, agents, employees, officers, board of directors, officials, agents and/or employees, insurers and others acting on its behalf from ANY AND ALL CLAIMS, DEMANDS, CAUSES OF ACTION AND LEGAL LIABILITY WHETHER THE SAME BE KNOWN OR UNKNOWN, ANTICIPATED OR UNANTICIPATED with respect to any and all injury, disability, death or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, except those claims which are the result of gross negligence and/or willful or wanton misconduct.

I UNDERSTAND AND AGREE that this Release of Liability Agreement covers, but is not limited to, the operations of PIWPSC, the premises which it owns and operates upon, and each and every shooting or archery related activity or event in which I participate in hereafter.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Dated: _____

Signature: _____

(Print Name Here)

Dated: _____

Signature: _____

Witness: _____

(Print Name Here)