

STANDISH SPORTSMAN'S ASSOCIATION

RELEASE AND INDEMNIFICATION AGREEMENT – MINOR

PARTICIPANT

Name (Last Name First – Please print or type)

Address

City, State, Zip Code

DESCRIPTION OF ACTIVITY:

I am the Parent/Guardian of the above-named Participant, who is under eighteen (18) years of age and I am fully competent to sign this Agreement.

I give permission for the Participant to participate in the above-referenced Activity. I acknowledge that the nature of the Activity may expose the Participant to hazards and risks that may result in the Participant's illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of Participant being permitted to participate in the above-referenced Activity, I hereby accept all risk to Participant's health and his/her injury or death that may result from such participation and I hereby release Standish Sportsman's Association, it's governing board, elected officers, activity coordinator(s), volunteers, representatives, and all other parties associated with this Activity, from any and all liability to Participant, Participant's personal representative, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from or occur during Participant's participation in the Activity, whether caused by the negligence of Standish Sportsman's Association, it's governing board, elected officers, activity coordinator(s), volunteers, representatives, and all other parties associated with this Activity, or otherwise. I further agree to indemnify and hold harmless Standish Sportsman's Association, it's governing board, elected officers, activity coordinator(s), volunteers, representatives, and all parties from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the described Activity.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND TO BE A RELEASE OF ALL CLAIMES AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature of Parent/Guardian

Signature of Witness

Printed Name of Parent/Guardian

Printed Name of Witness

Address (if different from Participant's address)

Date Signed _____, 20____

Telephone Numbers: (H): _____ (W): _____ (C): _____

In Case of Emergency Contact: _____