

**HARLAN TRAP TEAM  
AND THE SHELBY COUNTY TRAP AND SKEET LTD  
WAIVER AND RELEASE AGREEMENT**

Please read carefully before signing.  
This is a release of liability and waiver of certain legal rights.

In consideration for my being permitted to participate in the activities of Shotgun Instruction, Training, and Competition, I agree to the following Waiver and Release:

I acknowledge that all outdoor sport and activities as well as target shooting has inherent risks, hazards, and dangers for anyone, that cannot be eliminated. I UNDERSTAND THAT THESE RISKS, HAZARDS AND DANGERS INCLUDE, WITHOUT LIMITATION:

1. The risk of handling firearms and being near other individuals who have firearms in their possession;
2. The risk of injury from ammunition and shot from other guns;
3. Inclement weather conditions; and
4. The risk of injury from riding in a motor vehicle.

I understand the risks, hazards and dangers as described above and have had the opportunity to discuss them with Harlan Trap Team coaching staff. I understand that these activities may require good physical conditioning and a degree of skill and knowledge. I believe I have that good physical conditioning and the degree of skill and knowledge necessary for me to engage in these activities safely. I understand that I have responsibilities. My participation in this activity is purely voluntary. No one is forcing me to participate and I elect to participate in spite of the risks. I AM VOLUNTARILY USING THE SERVICES OF THE YOUR HOME SCHOLASTIC CLAY TARGET PROGRAM, AND THE YOUR HOME SHOOTING FACILITY WITH FULL KNOWLEDGE OF THE INHERENT RISKS, HAZARDS, AND DANGERS INVOLVED AND HEREBY ASSUME AND ACCEPT ANY AND ALL RISKS OF DAMAGE, LOSS, INJURY, PARALYSIS AND/OR DEATH.

Lastly, I for myself, my heirs, successors, executors and subrogees, hereby KNOWINGLY AND INTENTIONALLY WAIVE AND RELEASE, INDEMNIFY AND HOLD HARMLESS THE HARLAN TRAP TEAM AND THE SHELBY COUNTY TRAP AND SKEET LTD their directors, officers, agents, employees and volunteers from and against any and all claims, actions, causes of action, liabilities, suits, expenses (including reasonable attorney's fees) which are related to, arise out of, or are in any way connected with my participation in this activity including, but not limited to, NEGLIGENCE of any kind or nature, whether foreseen or unforeseen, arising directly or indirectly out of any damage, loss, injury, paralysis or death to me or my property as a result of my engaging in these activities or the use of these services, animals or equipment, whether such damage, loss, injury, paralysis or death results from negligence of THE HARLAN TRAP TEAM AND THE SHELBY COUNTY TRAP AND SKEET LTD or from some other cause. I, for myself, my heirs, my successors, executors and/or subrogees, further agree not to sue THE HARLAN TRAP TEAM AND THE SHELBY COUNTY TRAP AND SKEET LTD as a result of any damage, loss, injury, paralysis or death suffered in connection with my use and participation in the activities of THE HARLAN TRAP TEAM AND THE SHELBY COUNTY TRAP AND SKEET LTD

I HAVE CAREFULLY READ, CLEARLY UNDERSTAND AND VOLUNTARILY SIGN THIS WAIVER AND RELEASE AGREEMENT.

<hr style="border: none; border-top: 1px solid black;"/> <p style="text-align: center;">Date</p>	<hr style="border: none; border-top: 1px solid black;"/> <p style="text-align: center;">Signature of Participant or Parent</p> <hr style="border: none; border-top: 1px solid black;"/> <p style="text-align: center;">Print Name of Participant</p> <hr style="border: none; border-top: 1px solid black;"/> <p style="text-align: center;">Mailing Address</p> <hr style="border: none; border-top: 1px solid black;"/> <table border="0" style="width: 100%;"><tr><td style="width: 33%; text-align: center;">City</td><td style="width: 33%; text-align: center;">State</td><td style="width: 33%; text-align: center;">Zip</td></tr></table> <hr style="border: none; border-top: 1px solid black;"/> <table border="0" style="width: 100%;"><tr><td style="width: 50%; text-align: center;">Phone Number</td><td style="width: 50%; text-align: center;">Email Address</td></tr></table>	City	State	Zip	Phone Number	Email Address
City	State	Zip				
Phone Number	Email Address					
<hr style="border: none; border-top: 1px solid black;"/> <p>Signature of Witness</p>						

If participant is under eighteen (18) years of age, a parent, guardian or custodian MUST sign the following indemnification:

INDEMNIFICATION

In consideration for the above minor being permitted by \_\_\_\_\_ (name of parent/legal guardian/custodian) to participate in the activities of shotgun instruction, training and competition through the Harlan Trapshooting program which include without limitation the use of its services and equipment, I agree to the following waiver, release and indemnification:

The undersigned parent, guardian or custodian of the above minor, for himself/herself and on behalf of said minor, hereby joins in the foregoing Waiver and Release and hereby stipulates and agrees to save and hold harmless, indemnify and forever defend the Harlan Trap Team and the Shelby County Trap and Skeet LTD, their directors, officers, agents, employees and volunteers from and against any claims, actions, causes of actions, demands, expenses, liabilities (including reasonable attorney's fees) and NEGLIGENCE made or brought by said minor or by anyone on behalf of said minor, as a result of said minor's participation in the activities of the Harlan Trap Team and his or her use of the property and facilities of THE YOUR HOME the Harlan Trap Team and the Shelby County Trap and Skeet LTD. I, for myself and on behalf of said minor, further agree not to sue the Harlan Trap Team and the Shelby County Trap and Skeet LTD as a result of any damage, loss, injury, paralysis or death that said minor suffers in connection with his/her participation in the activities of the Harlan Trap Team.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian or Custodian of Minor

\_\_\_\_\_  
Print Name of Parent/Guardian or Custodian of Minor

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print Name of Minor

Date of birth: \_\_\_\_\_

Year of High School Graduation: \_\_\_\_\_

**Harlan Trap Team Health Form**

Are there any conditions or diseases that coaching staff should be aware of regarding your child? If yes, please disclose.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information**

Parent 1: \_\_\_\_\_

Relationship: \_\_\_\_\_

Best Phone Contact: \_\_\_\_\_

Parent 2: \_\_\_\_\_

Relationship: \_\_\_\_\_

Best Phone Contact: \_\_\_\_\_

Any other person you wish that we contact in case of an emergency:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Best Phone Contact: \_\_\_\_\_

**Driving Permissions**

Yes  No      My child has their full driving license. (16-year-old license)

Yes  No      My child has my permission to drive to away meets.

Yes  No      My child has my permission to also drive other family members (younger/older siblings) to away meets.

By signing this, I am aware that my child is able (16-year-old license) and capable to drive himself or herself to away meets. I am also aware that my child has permission to drive other FAMILY members to away meets. I am aware that driving other FAMILY members does not grant my child permission to drive other students that are on the team that are not immediate family members. The Harlan Trap Team is not responsible for accidents or missed shooting times because of my child driving to away meets. I have discussed my child's permission with him or her.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Good Conduct Form**

I promise to uphold Good Conduct while participating with the Harlan Trap Team. Although we are not affiliated with the school system, the Harlan Trap Team will enforce the Good Conduct Rule similar to other sports. Further, if any Harlan Trap Team Official discovers inappropriate conduct by any team member or any violations of the Good Conduct Rule, there will be grounds for immediate dismissal and no reimbursement of funds. However, if the student reports violations of his or her own Good Conduct, a meeting will be held with the Coaches to determine disciplinary action and future involvement. Further, if a coach's kid is involved with any Good Conduct violations, the Coach will be removed from the decision. I understand I will be held to the Good Conduct Rule.

\_\_\_\_\_ Student Signature

As a parent of a Harlan Trap Team Member, I acknowledge that my student will be held to the Good Conduct Rule. Further, if there are any violations during the season, I understand that my student could be withheld from further participation of the remaining season and no refunds of money will be given.

\_\_\_\_\_ Parent Signature