

HUGO CENTENNIAL FIELD TARGET COMPETITION
AGREEMENT OF RELEASE AND WAIVER OF LIABILITY
WARNING: THIS DOCUMENT LIMITS YOUR LEGAL RIGHTS.
CONSULT AN ATTORNEY BEFORE SIGNING

I, _____, of _____ hereby agree to the following:
Name (Please print legibly) City, ST & Zip Code

1. That I am participating in an air rifle shooting competition in Hugo, CO and I understand the risks and hazards involved, and I recognize that serious and potentially life-threatening injuries can occur while shooting an air rifle or participating with others.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation at the range. I represent that I am physically fit and I have no medical, psychological, or other condition which would prevent my full participation at this event.
3. I realize that my liability may arise from negligence or carelessness on the part of the person or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.
4. In consideration of being permitted to participate in the activities, I agree to assume full responsibility for any and all risks, injuries, or damages, known or unknown, of whatsoever kind and nature, which I might incur as a result of participating at the shooting range.
5. In further consideration of being permitted to participate at the competition, I knowingly, voluntarily, and expressly waive any and all claims I, or my Estate, my heirs, or any person claiming under me completely and without reservation that I may have against Hugo Improvement Partnership (HIP), the town of Hugo, or their agents, officers, directors, shareholders, employees, instructors, volunteers, or representatives from any and all injuries or damages that I may sustain as a result of participating in air rifle shooting activities. Also, I, my heirs, executors, administrators, next of kin, successors, or legal representatives forever release, waive, discharge and covenant not to sue HIP, the town of Hugo, or their agents, officers, directors, shareholders, employees, instructors, volunteers, or representatives for any personal injury, death, disability, property damage, property theft or acts and/or omissions of whatsoever kind and nature including, but not limited to, those caused by its negligence or other acts including, but not limited to, those acts and/or omissions of other participants or persons at the shooting range.
6. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during the activities at the air rifle competition.
7. I have read and understand and agree to strictly adhere to all regulations and requirements set forth.
8. This release shall remain in full force and effect so long as I am a participant/spectator of the Hugo Field Target Competition with no expiration for time or other reasons.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature of Participant _____ Date: _____

Witness _____

*To be completed if participant is a minor, or otherwise a dependent of a legal guardian:

Name of Parent/Guardian: _____ Signature: _____