

# North Whidbey Sportsmen's Association

Shooting Activities Registration  
And

## **WAIVER, RELEASE AND COVENANT NOT TO SUE**

*(Please print legibly and complete entire form)*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CITY: \_\_\_\_\_ PHONE: \_\_\_\_\_

In consideration of North Whidbey Sportsmen's Association (hereafter termed NWSA) permitting me to participate in firearms and archery activities, competition or training events at NWSA facilities, on my own behalf, and behalf of my heirs, representatives, administrators and/or assigns, **I HEREBY WAIVE AND RELEASE any and all claims, demands, causes of action, suits and rights I or anyone on my behalf might have against NWSA**, its officers, directors, and or range officers for their negligence, seen or unforeseen, leading to personal injury (including death), loss or damage to my property which I may have as a result of my taking part in the firearms or archeryshooting activities sponsored by them. I state that I am an American citizen and that I do not intend to use the skills I learn or use in this event for any illegal or immoral purposes. **INITIALS:** \_\_\_\_\_

Further, I agree that **I WILL NOT BRING OR MAINTAIN ANY SUIT** in any jurisdiction to assert any claim against NWSA, its officers, directors, or range officers, for any claim that I might have arising out of their negligence during my participation in any firearm or archery shooting activities sponsored, sanctioned or approved by them, nor will anyone acting on my behalf, claiming by or through me. **INITIALS:** \_\_\_\_\_

**I UNDERSTAND THAT ENGAGING IN FIREARMS AND ARCHERY SHOOTING ACTIVITIES IS A POTENTIALLY HAZARDOUS AND DANGEROUS ACTIVITY WITH ACCOMPANYING RISKS OF PERSONAL INJURY OR DEATH AND LOSS OR DAMAGE TO PERSONAL PROPERTY. I HEREBY VOLUNTARILY ASSUME THOSE RISKS AND WAIVE, RELEASE AND AGREE NOT TO SUE ON ANY CLAIMS AS SET FORTH ABOVE. INITIALS:** \_\_\_\_\_

I recognize that NWSA, its officers, directors, or range officers are not obligated to permit me to participate in any of NWSA's activities and may terminate my participation in such activities at any time, and for any reason.

I CERTIFY THAT I AM OVER THE AGE OF EIGHTEEN (18) YEARS OF AGE. (Participants under age 18 must be accompanied by a parent or guardian who must sign this waiver)

I certify that I am legally permitted to possess and use firearms. **INITIALS:** \_\_\_\_\_

**I HAVE READ AND UNDERSTAND THE FOREGOING PROVISIONS OF THIS WAIVER, RELEASE AND COVENANT NOT TO SUE AND I HAVE VOLUNTARILY EXECUTED THIS AGREEMENT ON THE DATE SET FORTH BELOW.**

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Full Name: \_\_\_\_\_ (Please print)

Parent/Guardian's Signature: \_\_\_\_\_ Dated: \_\_\_\_\_  
(If applicable)

Full Name of Parent/Guardian and Name of Person Under Age of 18:

\_\_\_\_\_  
(Please Print)