



BULL RUN HUNT
PO Box 14
Mitchells VA 22729

BULL RUN HUNT SPORTING CLAYS EVENT
April 14, 2019 (rain or shine)

Name: _____ **___ Amateur Shoot 10:00 AM - \$85.00**

Address: _____

City, ST, Zip: _____ **___ Competitive Shoot 12:30pm - \$85.00**

Phone: _____

Mobile: _____

Email: _____ **Preferred Squad Mates:**

Hunt Club: _____

Please make checks payable to: **Bull Run Hunt, Inc.**
Please mail registration to:
Bull Run Hunt
PO Box 14
Mitchells, VA 22729

Bull Run Hunt Clay Shoot
Robinson River Road, Culpeper, Virginia
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 **Bull Run Hunt Clay Shoot**, I agree to the following Waiver and Release:

I acknowledge that hunting and/or target shooting has inherent risks, hazards, and dangers for anyone that cannot be eliminated, particularly in a wilderness environment. I UNDERSTAND THAT THESE RISKS, HAZARDS, AND DANGERS INCLUDE WITHOUT LIMITATION:

1. The risk of handling firearms and being near others that have firearms in their possession;
2. The risk of ear damage from noise;
3. The risk of injury from ammunition, clay targets and shot from other guns;
4. Walking in rugged country, including encounters with wildlife, animals and insects;
5. Inclement weather conditions.

I understand the risks, hazards, and dangers of the use of firearms and have had the opportunity to discuss them with **The Bull Run Hunt Clay Shoot**. 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 **Bull Run Hunt Clay Shoot**, WITH FULL KNOWLEDGE OF THE INHERENT RISKS, HAZARDS, AND DANGERS INVOLVED AND HEREBY ASSUME AND ACCEPT ANY AND ALL RISKS OF INJURY, PARALYSIS, OR DEATH. Lastly, I, for myself, my heirs, successors, executors, and subrogates, hereby KNOWINGLY AND INTENTIONALLY WAIVE AND RELEASE, INDEMNIFY AND HOLD HARMLESS, **Bull Run Hunt**, their directors, officers, members, agents, employees, and volunteers, and all their related entities, including but not limited to William M. Long, Betty Long, Locust Hill, Dave Altman, , Bill Morris, Bill and Lindy Sanford, and all their related entities, from and against any and all claims, actions, causes of action, liabilities, suits, expenses (including reasonable attorneys' 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



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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 **Bull Run Hunt Clay Shoot**, or from some other cause. I, for myself, my heirs, my successors, executors, and subrogates, further agree not to sue **Bull Run Hunt Clay Shoot** as a result of any injury, paralysis, or death suffered in connection with my use and participation in the activities of **Bull Run Hunt Clay Shoot**.

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

Signature _____ Print Name _____ Date _____

IF PARTICIPANT IS UNDER THE AGE OF 18 YEARS, A PARENT/GUARDIAN MUST COMPLETE AND SIGN THE FOLLOWING PARENT'S/GUARDIAN'S APPROVAL:

I am the Parent/Guardian of _____, age _____, the minor child ("child") listed above as the Participant. On the child's behalf and on my behalf and on behalf of all other parents or guardians of the child, if any, I also enter into this **AGREEMENT & WAIVER OF RIGHTS & INDEMNIFICATION** as a party to the same, and hereby assume all obligations incumbent upon Participant hereunder. I further authorize any emergency medical care for the child in the event the child is injured in connection with the child's participation in any *equine activities*. I further represent and warrant that I have full authority to act as I have done hereby.

X

 SIGNATURE OF GUARDIAN

 DATE SIGNED

 ADDRESS OF GUARDIAN

 PHONE