SANTA CLARA COUNTY PARKS

County of Santa Clara Field Sports County Park
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT FOR FIREARM USE
CALENDAR YEARS 2011-2016

I/WE, _____, **(Releasees)**
HEREBY ACKNOWLEDGE that I/we have voluntarily applied to participate in FIREARM USE at Field Sports County Park.

In consideration of being allowed to participate in any way in this activity and/or being permitted to enter and use Park facilities, I/we hereby agree to the conditions set forth below:

I/WE FULLY UNDERSTAND AND ACKNOWLEDGE THAT:
FIREARM USE IS A HAZARDOUS RECREATIONAL ACTIVITY, AND I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH FULL KNOWLEDGE OF THE DANGER INVOLVED, AND I/WE HEREBY AGREE TO ACCEPT ANY AND ALL RISK OF INJURY, PARTIAL OR TOTAL DISABILITY, DISMEMBERMENT, PARALYSIS, OR DEATH.

PLEASE INITIAL: { } PARTICIPANT { } PARENT/LEGAL GUARDIAN

1) The social and economic losses and/or dangers, which could result from the risks and dangers above, could be severe.
2) These risks and dangers may be caused by adverse weather, by the action, inaction, or negligence of the participant, or the action, inaction, or negligence of others, including, but not limited to the Releasees named below.
3) There may be other risks which are not known to us or which are not foreseeable at this time.
4) I/we fully accept and assume any and all risks and dangers associated with the activity of FIREARM USE whether the risks are known or unknown.
5) I/we fully accept and assume any and all risks and responsibilities for the losses and/or dangers following such partial or total disability, dismemberment, paralysis, or death, however caused, and whether caused in whole or in part by the negligence of the Releasees named below.
6) I/we hereby release, waive, discharge, and covenant not to sue the County of Santa Clara, their affiliated organizations, their officers, agents and employees herein referred to as Releasees, from all liability to the undersigned, my/our personal representatives, assignees, executors, heirs, and next of kin for any and all claims, demands, losses or damages on account of any injury, including but not limited to the death of the participant or damage to property, suffered by me/us during, or enroute to or from the activity caused, or alleged to be caused in a whole, or in part, by the negligence of the Releasees or otherwise.
7) I/we hereby consent to and authorize the administration of all emergency medical treatment deemed necessary by County staff, or its agents and general medical services rendered, or assisted by County staff for the person(s) named in this instrument.

I/WE HAVE CAREFULLY READ THE ABOVE WAIVER AND RELEASE, AND UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I/WE SIGN IT VOLUNTARILY, WITHOUT INDUCEMENT, OF MY/OUR FREE WILL.

_____
PARTICIPANT SIGNATURE DATE

_____
PARENT/LEGAL GUARDIAN SIGNATURE DATE

_____ _____
PRINTED NAME OF PARENT/LEGAL GUARDIAN RELATION TO PARTICIPANT

LAST NAME

FIRST NAME (S)