Weare Hunter Safety Program

Waiver of Liability Form

Classroom / Field Day / Shooting Range Waiver and Unconditional Release of Liability and Assumption of Risk Agreement

I, _____, hereby release the Weare Hunter Safety Program which is a community outreach organization and the Town of Weare, New Hampshire from all liability and / or any and all claims which may be brought against them in the event that I am injured while participating as a <u>student</u>, <u>instructor</u>, <u>guest instructor</u>, or <u>volunteer</u> in all activities including but not limited to class time, field day events, and shooting range trainings. This release applies to both the Hunter and Bow Hunter Education Courses offered on the premise / property of any of Weare Hunter Safety Program's designated sponsors prearranged meeting locations.

I understand and recognize that participating in either the bow or hunter education courses where everyone, as well as myself, are training in the classroom, field day, and shooting range exercises has inherent hazards, dangers, and risks. I affirm that I am of sound body and mental state to engage in all training events, and I voluntarily accept all risks associated in learning and participating in all bow, crossbow, firearm, and recreational-outdoor hunting / shooting sports. I agree to ethically, safely, and responsibly use all equipment that is in proper operating condition for their stated and intended usage at all times.

I acknowledge and accept that all personal injury, death, or loss of property and expenses resulting from my participation in the aforementioned activities and its outcomes, wherever the locations, are all my responsibility. I agree for myself and heirs, to release the Weare Hunter Safety Program which is a non-profit community outreach organization, its independent non-profit sponsors, and Town of Weare, New Hampshire from any and all liability claims for perpetuity. Also, no agent will pursue any legal action on my behalf, my families' behalf, my acquaintances or my estate against the stated organizations in this waiver form.

I understand, acknowledge, and accept as a <u>student</u>, <u>instructor</u>, <u>guest instructor</u>, <u>volunteer</u>, or <u>guest</u> in attendance <u>At Any WHSP Meeting, Course, or Event that Discrimination of Any Kind Is Unacceptable and Not Tolerated</u>! <u>You further acknowledge and accept the Weare Hunter Safety Program's Anti-Discrimination Notice and Policy as stated Here</u>!

Since WHSP Began in August Of 1993, <u>The WHSP Does Not Discriminate Against Any USA Protected Status</u>! <u>WHSP Promotes and Practices Equal Opportunity For All</u>! <u>The WHSP Does Not Tolerate Discrimination Of Type Or For Any Reason</u>! This Is In Compliance With All USA Federal and State of NH Laws, and NH Department of Fish and Game Policy and Procedures! (USA Civil Rights Act 1964 [Includes: 1957 & 1960], and Amendments: 1972, 1978, 1987, 1991, and 2009, 2012, 2014, 2017, 2019; USC Titles I-XI]. The State of NH <u>RSA 21-I: 52</u>; <u>RSA 187-A: 16-a; and RSA 188-F: 3-a</u>).

As a student taking the field day and range tests, I agree to follow all instructions and rules from my Weare Hunter Safety Program Instructors. I will avoid all disruptive behavior, disrespect, horseplay, and fooling around and understand these types of behavior will not be tolerated or allowed. While using the range, I will not shoot at any unauthorized targets. If I am caught shooting at any unauthorized targets, I will face disciplinary action involving failure of the course, monetary restitution, and incident reported to all Legal Authorities.

I need to fully understand this waiver before signing and by signing I acknowledge that I do fully understand its implications and legal ramifications. If I am under the age of 18, I need to have my parents or legal guardian sign this form.

<u>The Signee or legal guardian must sign the appropriate line below on this WHSP Waiver of Liability Form</u>.

Name: _____   Date: _____
       Student / Parent or Legal Guardian

Name: _____   Date: _____
       Instructor / Volunteer Waiver Signature

Notary Name: _____   Date: _____