

LIABILITY RELEASE, INDEMNIFICATION, & ASSUMPTION OF RISK

in consideration for being allowed on the premises or to participate in activities at

PELHAM FISH and GAME CLUB, INC. ("PFG"), a nonprofit corporation

(Must be completed by all individuals prior to shooting or upon entry of PFG property by any person)

1 In consideration of being allowed on the premises of PFG or to participate in any activities at PFG I hereby voluntarily agree to assume any and all risks associated with shooting at PFG. **I understand the risks and hazards involved. Shooting may be considered a dangerous activity, with the risk of potentially life threatening injuries, and potential exposure to lead and airborne lead particles. I assume the risk of any and all injuries I may suffer due to the physical condition of PFG, the negligence of PFG, equipment failures, defective equipment, acts of God, the acts or omissions of shooters or others who may be at, on, or near, PFG, whether with or without permission of PFG. I agree to indemnify and hold PFG harmless for any injuries.** I hereby consent to receive medical treatment and be responsible for the payment of same, which may be deemed advisable in the event of injury, accident and/or illness during the activities at PFG.

2 I understand there will be other persons shooting, and/or carrying firearms at PFG and I agree to act prudently and carefully to avoid causing them any injury. I certify that I am or will be familiar with the safe use and operation of any firearms I may use while at PFG. I have read and I am familiar with the rules of shooting and firearm safety, as well as the specific shooting range rules of PFG (copies available). On behalf of myself, my estate, my heirs, and assigns, I hereby release PFG, their employees, agents, representatives, assigns, members, instructors and volunteers from any and all liability regardless of cause, including injuries due to negligence, up to and including death, or property damage or theft I may suffer because of my presence and participation in activities at PFG, which may be caused by my own or others' negligence. I specifically release PFG for myself, my heirs and assigns from liability for any personal injury, death, disability, and acts and/or omissions of whatsoever kind and nature including, but not limited to, those caused by negligence including, *but not limited to, those acts and/or omissions of other participants or persons at the PFG shooting range(s).*

3 I understand that both commercial and non commercial still, audio/video and/or motion picture photography may occur during my presence on PFG property and as long as I am in the general area, I may be incidentally included in such photography. Should I wish to be excluded from such photography, I understand that it is my responsibility to be aware of photographic activity and remove myself from the area or event being photographed or recorded. Absent such action on my part, I hereby grant PFG, its agents, volunteers, sponsors, beneficiaries, heirs and assigns the right to use my photographic image and video recording(s) in the promotion of the shooting sports or PFG in general as it chooses in its sole discretion without compensation.

4 If any portion of this release is found to be invalid, the offending portion shall be stricken and the remainder shall remain in full force and effect. I hereby agree that jurisdiction for any action pertaining to this RELEASE shall lie exclusively in Hillsborough County, State of New Hampshire and shall be governed exclusively by the laws of the State of New Hampshire without reference to conflict of laws provisions.

5. I hereby certify that I am not prohibited from possessing, selling, owning or transferring firearms under State or federal law: I (A) have not been convicted of a felony that has not been annulled or expunged; or (B) Have not been convicted of a violation of 18 USC § 922 that has not been annulled or expunged; and (C) Am not a member of an organization that advocates the violent overthrow of the United States Government and that I am not barred by any law from the possession, use, or control of firearms.

I Have Read the Attached Document, and Understand and Agree to its Contents

Name (please print) *** Signature Date

Address City State Zip Code Phone Number

Name of Minor Minor **must** have parent or legal guardian signature WITNESS
***I hereby swear or affirm that I am the lawful guardian of the above listed minor, and have the lawful authority to sign this RELEASE on his/her behalf.

I Have Read the Attached Document, and Understand and Agree to its Contents

Name (please print) *** Signature Date

Address City State Zip Code Phone Number

Name of Minor Minor **must** have parent or legal guardian signature WITNESS
***I hereby swear or affirm that I am the lawful guardian of the above listed minor, and have the lawful authority to sign this RELEASE on his/her behalf.

I Have Read the Attached Document, and Understand and Agree to its Contents

Name (please print) *** Signature Date

Address City State Zip Code Phone Number

Name of Minor Minor **must** have parent or legal guardian signature WITNESS
***I hereby swear or affirm that I am the lawful guardian of the above listed minor, and have the lawful authority to sign this RELEASE on his/her behalf.

I Have Read the Attached Document, and Understand and Agree to its Contents

Name (please print) *** Signature Date

Address City State Zip Code Phone Number

Name of Minor Minor **must** have parent or legal guardian signature WITNESS
***I hereby swear or affirm that I am the lawful guardian of the above listed minor, and have the lawful authority to sign this RELEASE on his/her behalf.

I Have Read the Attached Document, and Understand and Agree to its Contents

Name (please print) *** Signature Date

Address City State Zip Code Phone Number

Name of Minor Minor **must** have parent or legal guardian signature WITNESS
***I hereby swear or affirm that I am the lawful guardian of the above listed minor, and have the lawful authority to sign this RELEASE on his/her behalf.

I Have Read the Attached Document, and Understand and Agree to its Contents

Name (please print) *** Signature Date

Address City State Zip Code Phone Number

Name of Minor Minor **must** have parent or legal guardian signature WITNESS
***I hereby swear or affirm that I am the lawful guardian of the above listed minor, and have the lawful authority to sign this RELEASE on his/her behalf.