



TRI-COUNTY SPORTSMEN CLUB

CLAYTON-DELAWARE-DUBUQUE
P.O Box 201 New Vienna, Iowa 52065



RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, _____, acknowledge that I have voluntarily applied to participate in the activities at Tri-County Sportsmen Club on
date ____/____/____.

I AM AWARE THAT THESE ACTIVITIES ARE HAZARDOUS ACTIVITIES AND THAT I COULD BE SERIOUSLY INJURED OR EVEN KILLED. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

I verify this statement by placing my initials here: _____
Parent or Guardian's initials (if under 18): _____

As consideration for being permitted, the State of Iowa, the County of Dubuque and Clayton and any lessor of the Tri-County Sportsmen Club premises, to participate in these activities and use the Tri-County Sportsmen Club premises and facilities, I forever release from any and all actions, claims, or demands that I, my assignees, heirs, distributes, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Release, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributes, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Release in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF, TRI-COUNTY SPORTSMEN CLUB, AND THE LESSOR, AND SIGN IT OF MY OWN FREE WILL.

If Signed by Parent or Guardian: I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them.

PARTICIPANT/RELEASOR PARENT OR GUARDIAN

Signature _____ Printed _____

Address: _____

City: _____ State: _____ Zip: _____

Please sign form & return to:
Tri-County Sportsmen Club
PO Box 201
New Vienna, IA 52065

IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED.