



**9TH ANNUAL
FRIENDS OF THE CENTER TRAPSHOOT
APRIL 13, 2019 10 AM – 2 PM
KINGSBURG GUN CLUB**

***BENEFITTING THE SCOTTISH RITE CHILDHOOD LANGUAGE DISORDERS CENTER
SERVING LEARNING CHALLENGED CHILDREN FOR FREE SINCE 1991***

NAME _____

PHONE _____ EMAIL _____

ADDRESS _____

LIABILITY ACCIDENT WAIVER & EVENT AGREEMENT (LAWEA)

Please read and sign at bottom:

Voluntary Participation: I acknowledge that I have voluntarily registered to participate in the Friends of the Center Trap shoot conducted by the Friends of the Fresno Childhood Language Disorders Center (“Friends of the Center”), being held on April 13, 2019 (“the Event”), at the Kingsburg Gun Club in Kingsburg, California.

Agreement to Comply with Laws: As a participant in the Event, I represent that I am in compliance with all applicable federal and state gun laws, and knowledgeable about gun safety and agree to exercise all gun safety practices.

Release: As consideration for being permitted to participate in the Event, and to the fullest extent permitted by law, I hereby release, waive, discharge and covenant not to sue the following entities or persons: the Friends of the Center, the Kingsburg Gun Club, and their respective volunteers, officers and agents (hereinafter referred to as “Releasees”) from all liability to me, my personal representatives, assigns, heirs and next of kin for any loss, damage, or claim therefore on account of injury to the person or property of the undersigned, whether caused by any negligent act or omission of the Releasees or otherwise while I am participating in the Event or using any property or facilities in connection therewith.

Assumption of Risk: I hereby assume full responsibility for any risk of bodily injury, death or property damage while participating in the Event or while using any property or facilities in connection therewith, whether caused by any negligent act or omission of Releasees, or otherwise. I expressly agree that the foregoing release waiver, indemnity agreement and assumption of risk are intended to be interpreted as broad and inclusive as permitted by California law.

Knowing and Voluntary Execution: I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE FRIENDS OF THE FRESNO CHILDHOOD LANGUAGE DISORDERS CENTER AND SIGN IT OF MY OWN FREE WILL.

Signature _____ For Minor: _____

Date _____

Registration fee (includes lunch): \$45 through April 7, 2019 / \$50 after

Mail form with entry fee to: FOTC, P.O. Box 16143, Fresno, CA 937550-6143