

BUXTON HOLLIS ROD GUN CLUB

ACTIVITY CONSENT FORM



Registration and Release From Liability

This form is to be completed by the participant who will be attending/competing in the following event.

PLEASE PRINT

EVENT: _____

DATE: _____ TIME OF EVENT: _____

Name of Participant: _____

Gender: M _____ F _____ Age: _____ Birth Date: _____

Address: _____

Phone #: (____) _____ - _____

Email Address: (optional) _____

I understand that I will be involved in physical activity and there is a risk of harm, injury, or even death and I state that I am in fit health both body and mind, and able to undertake this activity. **Initials** _____

I/We _____ do hereby release the BHR&GC and all sponsors and staff of the BHR&GC from any liability due to accident or injury incurred during the day's activities.

I have the following medical condition(s) that the BHR&GC should be aware of while I participate:

I wish to volunteer to help as an adult staff member at today's event: Yes _____ No _____

_____/_____/_____

Signature of Participant

I consent to use of my appearance/audio/video in any media for advertising purposes without reciprocation:

(Initial) Yes _____ No _____