

SPORTING CHANCE AGREEMENT AND RELEASE OF LIABILITY

This form is to be signed by every participant, volunteer or any other participant associated with the activity.

I, **(PLEASE PRINT)** _____, wish to **(Circle one)** participate / volunteer in activities provided by Sporting Chance.

My address is: _____ City _____ Zip _____
My Phone # is: _____ Email _____

I understand that hunting, fishing, trap-shooting, skiing are HAZARDOUS activities, which include being in the out of doors. These activities include guns, water activities and other high-risk activities. Due to the activities and the risks thereof, I understand that injuries may occur. I understand that the use of any Sporting Chance equipment involves a risk of injury to the participant or volunteer. All activities are scheduled in a non-controlled environment and, in fact, may be HAZARDOUS. I hereby agree to freely and expressly ASSUME and accept any and all RISKS of injury while participating and/or volunteering in these events. (Initial _____)

(PARTICIPANTS ONLY)

I agree that I will release SPORTING CHANCE, its officers, directors, members, volunteers, and all sponsoring organizations and agents from any and all responsibility and liability for injuries or damages to this participant in this activity, whether or not such injury or damage results directly or indirectly from NEGLIGENCE, product liability, terrain, collision, instruction, guiding, transportation, or from any other cause. I agree NOT to make a claim against or sue Sporting Chance, its officers, directors, members, volunteers, and all sponsoring organizations and agents for any reason whatsoever. (Participant's Initial _____)

(VOLUNTEERS ONLY)

I agree that as a volunteer for SPORTING CHANCE, I will release SPORTING CHANCE, its officers, directors, members, participants and all sponsoring organizations and agents from any and all responsibility and liability for bodily injury or damage to my real or personal property while participating in activities organized by SPORTING CHANCE whether or not such injury or damage results directly or indirectly from NEGLIGENCE, product liability, terrain, collision, instruction, guiding transportation or from any other cause. I agree not to make a claim against or sue SPORTING CHANCE, its officers, directors, members, participants and any sponsoring organizations and agents for any reason whatsoever. (Volunteer's Initial _____)

I have carefully read this agreement and release of liability, or had it read to me, and fully understand its contents. I am aware that this is a release and a contract and I accept its terms and sign it of my own free will.

Signature _____ Date _____

If under 18 years of age ---- Parent or Guardian must sign
Parent or Guardian _____ Date _____

Caregiver name: _____ Relationship: _____
Organization: _____ Phone #: _____
Emergency contact: _____ Phone #: _____

Note to Group Homes, Developmentally Disabled Residential Centers: If these forms are completed prior to the event, they must be mailed to Sporting Chance two weeks in advance of the event for scheduling purposes. If we do not receive the forms in advance, participants may not be allowed to take part in the event. Those who show up at the event without prior registration will be allowed to take part only after all registered participants have had their "sporting chance".

Please mail to: Sporting Chance 413 E Ave D Bismarck, ND 58501