

**Northern Illinois Shooters Association (NISA)
AGREEMENT & RELEASE OF LIABILITY**

In consideration of permission to participate in and/or observe as a spectator, events at or sponsored by Northern Illinois Shooters Association (NISA) or to become/remain a member of Northern Illinois Shooters Association (NISA), I

(Print Full Name of Competitor/Spectator & Complete Address & Phone Number)

Do hereby release Northern Illinois Shooters Association (NISA), its Directors, Agents, Members, Officials, including but not limited to, Match Director, Range Master(s), Certified Range Officer(s), Range Officer(s), Instructor(s), Officers, Employees, Servants, and any other Contributor, Sponsor or Affiliate from any and all liability which might arise from any loss, damage, injuries or deaths which I might sustain, and any theft, unexplained disappearance, or damage which may befall any of my property while enroute to, during, and enroute from the tournament. I acknowledge that I am more than eighteen (18) years of age and that I am aware of the risks and hazards inherent in competitive shooting matches, including, but not limited to:

THE DANGER OF DEATH OR INJURY FROM FLYING FRAGMENTS AND/OR BULLET RICOCHETS; THE DANGER OF DEATH OR INJURY ARISING FROM GUNSHOT WOUNDS, WHETHER INFLICTED BY MYSELF OR ANOTHER PERSON; THE DANGER OF DEATH OR INJURY ARISING FROM OVERCHARGED AMMUNITION OR FIREARM MALFUNCTION, MISHANDLING OR ACCIDENTAL DISCHARGE, AND; THE LOSS OF PROPERTY THROUGH MISPLACEMENT OR THEFT. I VOLUNTARILY ASSUME ANY AND ALL SUCH RISKS AND AGREE TO COMPLY WITH ANY AND ALL SAFETY PROCEDURES ESTABLISHED FROM TIME TO TIME BY NORTHERN ILLINOIS SHOOTERS ASSOCIATION (NISA). I, FURTHER, ASSUME FULL RESPONSIBILITY FOR ANY AND ALL OF MY FAMILY AND/OR GUESTS.

I acknowledge that I have read and fully, understand the Range RULES, Safety Procedures, and other Rules of Northern Illinois Shooters Association (NISA) and agree to abide by these Rules at all times. I further acknowledge the right of Northern Illinois Shooters Association (NISA), and its Officers, Range Officers or other Designated Officials to terminate my or my child or Ward's participation immediately upon any failure of mine or of my, child or ward, or of my guest(s) to comply with all rules, regulations and directions of Northern Illinois Shooters Association (NISA) or its Designated Officers or Personnel. I have carefully, read this Agreement and Release of Liability and fully, understand its contents and freely enter into it on behalf of myself, my, child or ward, my guests, distributees, heirs, next of kin, executors, administrators and assigns.

Dated this _____ day of _____, _____.

Member/Competitor's/Spectator's Signature

Witness