RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT
FOR FIREARM USE

I/W, _________________________________, (Releasees)

HEREBY ACKNOWLEDGE that I/we have voluntarily applied to participate in
FIREARM USE at Field Sports County Park.

In consideration of being allowed to participate in any way in this activity and/or being permitted to
enter and use Park facilities, I/we hereby agree to the conditions set forth below:

I/W FULLY UNDERSTAND AND ACKNOWLEDGE THAT:
FIREARM USE IS A HAZARDOUS RECREATIONAL ACTIVITY, AND I AM VOLUNTARILY
PARTICIPATING IN THIS ACTIVITY WITH FULL KNOWLEDGE OF THE DANGER INVOLVED,
AND I/W HEREBY AGREE TO ACCEPT ANY AND ALL RISK OF INJURY, PARTIAL OR
TOTAL DISABILITY, Dismemberment, Paralysis, or Death.

PLEASE INITIAL: { } PARTICIPANT { } PARENT/LEGAL GUARDIAN

1) The social and economic losses and/or dangers, which could result from the risks and dangers above, could be
severe.
2) These risks and dangers may be caused by adverse weather, by the action, inaction, or negligence of the participant,
or the action, inaction, or negligence of others, including, but not limited to the Releasees named below.
3) There may be other risks which are not known to us or which are not foreseeable at this time.
4) I/we fully accept and assume any and all risks and dangers associated with the activity of FIREARM USE
whether the risks are known or unknown.
5) I/we fully accept and assume any and all risks and responsibilities for the losses and/or dangers following such partial
or total disability, dismemberment, paralysis, or death, however caused, and whether caused in whole or in part by the
negligence of the Releasees named below.
6) I/we hereby release, waive, discharge, and covenant not to sue the County of Santa Clara, their affiliated
organizations, their officers, agents and employees herein referred to as Releasees, from all liability to the
undersigned, my/our personal representatives, assignees, executors, heirs, and next of kin for any and all claims,
demands, losses or damages on account of any injury, including but not limited to the death of the participant or
damage to property, suffered by me/us during, or enroute to or from the activity caused, or alleged to be caused in a
whole, or in part, by the negligence of the Releasees or otherwise.
7) I/we hereby consent to and authorize the administration of all emergency medical treatment deemed necessary by
County staff, or its agents and general medical services rendered, or assisted by County staff for the person(s) named
in this instrument.

I/W HAVE CAREFULLY READ THE ABOVE WAIVER AND RELEASE, AND UNDERSTAND
THAT I/W GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I/W SIGN IT
VOLUNTARILY, WITHOUT INDEUCEMENT, OF MY/OUR FREE WILL.

PARTICIPANT SIGNATURE DATE

PARENT/LEGAL GUARDIAN SIGNATURE DATE

PRINTED NAME OF PARENT/LEGAL GUARDIAN RELATION TO PARTICIPANT