

**Indiana State Rifle & Pistol Association
Regional Match Course 8/23-24/2025**

ASSUMPTION OF RISK, RELEASE, AND WAIVER OF LIABILITY AGREEMENT

Acknowledgment and Assumption of Risks

I acknowledge that participation in the Event involves inherent risks, including but not limited to physical exertion, falls, contact with other participants, effects of weather, vehicular traffic, and conditions of the course. I understand the nature of the Event and certify that I (and/or my minor child/ward) am/is qualified, in good health, and in proper physical condition to participate. I knowingly and voluntarily assume all such risks, known and unknown, even if arising from the negligence of the Releasees (as defined below), and assume full responsibility for participation.

Release and Waiver of Liability

I agree, for myself, my heirs, executors, administrators, and if applicable, my minor child/ward, to release, indemnify and hold harmless, the Indiana National Guard, the State of Indiana, the United States Government, event sponsors, event organizers, event officials, volunteers, and their respective officers, employees, and agents (collectively, the 'Releasees') from any and all liability, claims, demands, losses, or damages caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations.

Medical Authorization

I consent to and authorize emergency medical treatment as deemed necessary by event officials or medical personnel during the Event. I further agree to assume all costs associated with such medical care.

Publicity Release

I hereby grant full permission to the Indiana National Guard and its designees to use photographs, video, audio recordings, and/or other records of my or my minor child/ward's participation in the Event for legitimate governmental, promotional, or educational purposes without compensation or further authorization.

Compliance with Event Rules

I agree to abide, and to instruct my minor child/ward to abide, by all rules, regulations, and instructions issued in connection with the Event.

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Certification of Fitness

I certify that I (or my minor child/ward) am physically fit to participate in the Event and have not been advised otherwise by a qualified health professional.

PARTICIPANT INFORMATION:

Full Name of Participant:

Date of Birth:

Street Address:

City, State, Zip Code:

Phone Number:

Emergency Contact Name:

Emergency Contact Phone Number:

SIGNATURES:

I have read, understand, and agree to the terms of this agreement.

If Participant is age 18 or older:

Participant Signature

Date:

If Participant is under 18 years of age:

Parent/Legal Guardian Name:

Parent/Legal Guardian Signature:

Date:

NOTE: This release shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.