

# Twin Cities Action Shooting

## Application and Waiver, Release, and Covenant Not To Sue

In consideration of Twin Cities Action Shooting permitting me to engage in the firearms shooting activities of that organization wherever the same are held; I, on my own behalf and on behalf of my heirs, representatives, administrators, and assigns, hereby waive and release any and all claims, demands, causes of action, suits and rights which I or anyone on my behalf might have against Twin Cities Action Shooting, its employees, members, officers, and/or governors for personal injury (including death), loss or damage to my property which I (or anyone claiming by or through me) may have against that organization, its employees, members, officers, and/or governors, as a result of my taking part in the firearms shooting activities sponsored by, sanctioned by, or approved by that organization, its employees, members, officers, and/or governors.

Further, I agree that I will not, nor will anyone acting on my behalf claiming by or through me, bring or maintain any suit in Court to assert any claim against that organization, its employees, members, officers, and/or governors for any claim that I might have arising out of my participation in any activities sponsored by, sanctioned by, or approved by that organization, its employees, members, officers, and/or governors.

**I UNDERSTAND THAT MY ENGAGING IN DEFENSIVE PISTOL SHOOTING ACTIVITIES CONSTITUTES INVOLVEMENT IN A VERY HAZARDOUS AND DANGEROUS ACTIVITY WITH ACCOMPANYING RISKS OF PERSONAL INJURY OR DEATH AND LOSS OR DAMAGE TO PERSONAL PROPERTY, AND I HEREBY VOLUNTARILY ASSUME THOSE RISKS. I AM OVER TWENTY-ONE (21) YEARS OF AGE.**

I have read and understand the foregoing provisions of this **WAIVER, RELEASE, AND COVENANT NOT TO SUE**, and I have executed this instrument voluntarily on this date. I recognize that the organization, its employees, members, officers, and/or governors are not obligated to permit me to participate in any of the organization's activities and may terminate my participation in such activities at any time and for any reason.

The effect of this instrument shall not preclude the prosecution of any claim that I might have against persons or entities other than Twin Cities Action Shooting, its employees, members, officers, and/or governors. In other words, I am releasing, waiving my rights, and agreeing not to sue Twin Cities Action Shooting, its employees, members, officers, and/or governors. This instrument shall remain in full force and effect indefinitely.

PLEASE PRINT

Name \_\_\_\_\_ IDPA # \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, ST Zip \_\_\_\_\_ Email: \_\_\_\_\_

Over age 21  Yes  No If No, list date of birth \_\_\_\_\_

Both Parents and/or Guardians must sign below approving participation of persons over 16 but under 21 years of age.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Witnessed By \_\_\_\_\_ Date \_\_\_\_\_