## Waiver & Health Info

## **Twin Peaks Rifle Club L.L.C./Molz Property L.L.C.** 603 S. 6<sup>th</sup> Street, Kiowa KS, 67070

Name:	Email:	
Address:	City, State, Zip:	
Date of Birth:	Home PH #	Cell Ph #
In an emergency, I would like us to Call:		Ph #
	Photography/Video Relea	se
undersigned hereby consents to the use of these pho		ay be photographed or videotaped during such activities. The ocial media or in any editorial, promotional or advertising material
	Waiver and Release of Liabi	ility
not limited to: falls which can result in serious injury death due to improper use or failure of equipment; my partner(s). I willingly assume full responsibility for	or death; injury or death due to negligence on the pastrains and sprains. I am aware that any of these abo	n all aspects of activities involving weapons. These risks include, but ar art of myself, my training partner, or other people around me; injury or ve mentioned risks may result in serious injury or death to myself and o ull responsibility for any injury or death that may result from Property L.L.C.
I acknowledge that I have no physical im	pairments, injuries, or illnesses that will endanger me	e or others. Initials:
offered by Twin Peaks Rifle Club L.L.C. and Molz Propemployees, and volunteers from any and all liability, participation in this activity, including those allegedly	erty L.L.C., I, the undersigned herby release Twin Pea claims, demands, actions or rights of action, which ar attributed to the negligent acts or omissions of the	f the fact that I am willingly and voluntarily participating in the activitie: aks Rifle Club L.L.C. and or Molz Property L.L.C, their principals, agents, re related to, arise out of, or are in any way connected with my above mentioned parties. This agreement shall be binding upon me, m eld invalid, I agree that the remainder of the agreement shall remain in
	ness or injury, I give permission to call for medical and	with Twin Peaks Rifle Club L.L.C and Molz Property L.L.C. to administer I or surgical care for the child and to transport the child to a medical
the participant accepts financial responsibility for an the above mentioned parties, or anyone acting on thand costs. I further agree to indemnify and hold har for the injury or death of any person(s) and damage	y injury that the participant may cause either to him, eir behalf, be required to incur attorney's fees and co mless Twin Peaks Rifle Club L.L.C. and Molz Property to property that may result from my negligent or inte	red by Twin Peaks Rifle Club L.L.C. and Molz Property L.L.C Therefore therself or to any other participant due to his/her negligence. Should stst to enforce this agreement, I agree to reimburse them for such fees L.L.C., their principals, agents, employees, and volunteers from liability entional act or omission while participating in activities offered by Twin hited to parks, recreational areas, playgrounds, areas adjacent to main
	· · · · · · · · · · · · · · · · · · ·	hat by signing it obligates me to indemnify the parties named for any I act or omission. I understand that by <u>signing</u> this form I am <u>waiving</u>
Signature of Participant:		Date:
If the participant is <b>under</b> the age of <b>18</b> ,		
Signature of Parent/Guardian:	Print Name:	Date:
Reviewed By (Print)	Signature:	Date: