HAGEMAN RANCH LLC RELEASE OF LIABILITY – READ BEFORE SIGNING
In consideration of being allowed to participate in any way in the Hageman Ranch LLC Hunting Trespass Least for Hunting program, its related events and activities, I,, the undersigned acknowledge, appreciate, and agree that:
1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN II ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however I observe any unusually significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Hageman Ranch LLC immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Hageman Ranch LLC, their officers, stockholders owners, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, i applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY ANI ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence of participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE to the fullest extent permitted by law.
5. Unless I am able to make a reasoned decision to refuse such assistance at the time it is offered, I give permission to have emergency first aid administered to me at the sole discretion of the agency representative(s operating/in charge of this event, and, if they deem it appropriate, to transport me by the most expedient means of conveyance to the nearest physician, hospital, or clinic at my cost.
I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTIONS OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.
PARTICIPANT'S SIGNATURE
Signature: Age: Date Signed:
Driver's License Number State of Isuance:
FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION AND PARTICIPATION)
This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assign, and next okin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
PARENT/GUARDIAN SIGNATURE
Signature: Age: Date Signed:

Driver's License Number _____ State of Isuance: _____