RELEASE AND HOLD HARMLESS AGREEMENT

THIS IS AN IMPORTANT LEGAL DOCUMENT. PLEASE READ CAREFULLY. THIS IS A LEGALLY BINDING DOCUMENT AND YOU ARE GIVING UP IMPORTANT LEGAL RIGHTS

1. PRIVACY ACT STATEMENT:

Personal data is	solicited under aut	thority of 10 U.S.C. 3	3012. The informa	tion is for use to dete	ermine eligibility for
					raining Center. Disclosure
*		•	close all or any pa	rt of it may result in	denial of permission to
	ch activities sched				
*		y event, show all date	es)		
2. PERSONAL					
NAME:	First				AGE:
	First	Middle	Last		
ADDRESS					
112211222					
CITY				STATE	ZIP
3. DECLARAT					
		•			nd fully realize that there are
					articipation. However, I
					ty precautions necessary
thereto, assumin	g sole and full per	sonal responsibility f	for ensuring that al	ll reasonably foresee	able safety requirements are
met to my perso	nal satisfaction pri	ior to my active partic	cipation in such ac	ctivity. I state that I a	m in good health, physically
		ave no known medica			
		such participation. As			
					and hold harmless the United
					causes of action, including
					ilities of whatever kind,
name or nature i	in any manner aris	ing out of or in conne	ection with my par	ticipation in the indi	cated activity. I understand
and agree that I	may be held liable	for any damage or lo	oss to the United S	States or the State of	North Carolina Government
that is caused by	y my negligence, w	villful misconduct, or	fraud while partic	cipating in this activi	ty.
•			•		
Date and Signature of	Participant				
Date and Dignature of	1 muorpuni				
Printed Name of Partic	cinant				
Timed Name of Farts	Страт				
Tan di l					
If Participant is ui	nder 18 years of age	<u>:</u>			
Signature of Parent or	Local Guardian				
orginature of Parent of	Legai Guardian				

Printed Name of Parent or Legal Guardian

NSSC Match Entry

(PRINT)	LAST NAME	FI	RST NAME	MI	
STREET ADD	RESS				
CITY		STATE	ZIP CODE		
NRA NUMBE	ER	D	ATE OF BIRTH		
EMAIL ADDF	RESS				
		В	UTNER, NC		
DATE		LC	OCATION		
SIGNATURE	OF COMPETITOR				

CATEGORY (CIRCLE ONE)

SENIOR CIVILIAN POLICE RESERVE SERVICE WOMAN NAT'L GUARD JUNIOR

CIRCLE CLASS AND RIFLE FOR THE MATCH COURSE OF FIRE

NAT'L MATCH CS CLASSIFICATION	RIFLE	MID RANGE CLASSIFICATION	RIFLE	LONG RANGE CLASSIFICATION	RIFLE
UNCLASSIFIED	SERVICE	UNCLASSIFIED	ANY/IRON	UNCLASSIFIED	ANY/IRON
HIGH MASTER	MATCH	HIGH MASTER	ANY/ANY	HIGH MASTER	ANY/ANY
MASTER	TACTICAL	MASTER	SERVICE	MASTER	SERVICE
EXPERT		EXPERT	PALMA	EXPERT	PALMA
SHARPSHOOTER		SHARPSHOOTER	F/TR	SHARPSHOOTER	F/TR
MARKSMAN		MARKSMAN	F/O	MARKSMAN	F/O

NORTH STATE SHOOTING CLUB, INC

GENERAL RELEASE OF LIABILITY FORM

Data Required by the Privacy Act of 1974 Prescribing Directive: 10 USC 2733, 28 USC 3012, AR 27-20

Authority: Title 10, USC 3012. Principle Purpose: To release the United States Government, Department of the Army, NC National Guard, Camp Butner and their agents and employees from any and all liability arising from or incident to participation in sporting events involving the North State Shooting Club on Camp Butner.

Mandatory or volunteer Disclosure and Effect on Individual Not Providing Information:

Voluntary; however, if information is not provided, participation in such sporting events may be denied.

Date	Date of Birth		
Last Name First Name MI			
City State Zip Code			
E-mail Address	Phone Number	NR	RA Number
Emergency Point of Contact (Name) (Print)	Phone Number (Area Code))	
In consideration of being allowed participation in any water North State Shooting Club, Inc. (NSSC) the undersigned I, in constants, through its agents, to participate in events held Club, agree to release and hold harmless the United States.	or his, or her parent or guard onsideration of the permissio on Camp Butner Training Site	dian if a minor, on extended to e involving the	hereby agrees: me by the United North State Shooting
Camp Butner and the agents and employees thereof frod damage or loss, or any other loss resulting from or arisi North Carolina, and any claim of a third party arising from I certify that I have not been convicted of any Federal or and I am not a member of any organization that advocate abide by all safety rules and the direction of the North Stailure to abide by all safety rules and the direction of Naccrediting Organization; i.e. NRA, and or CMP may result on Camp Butner Training Site. I acknowledge that I have understand that it is binding upon myself and my assign claimants. I further acknowledge that I have no medicate recreational shooting sporting events on Camp Butner. Camp Butner, I hereby authorize any emergency first aid by licensed medical personnel. I also give my permission permission forms or other necessary medical document (Date) (Signature)	ng out of participation in such om any negligent or wrongful or State Felony or violation of ates the violent overthrow of State Shooting Club's supervision that State Shooting Club's supervision of State Shooting Club's supervision	h sporting ever conduct by me Sect 922 title 1 the United Sta sor. I further acupervisor as we com participating to visions of this ries, family me auld preclude mury or illness we ment or surger connel to execut	nts on Camp Butner, e. 18 United States Code; tes Government. I will cknowledge that ell as the rules of the ng in sporting events is release and embers and derivative my participation in while participating at y deemed necessary te on my behalf my
(Date) (Signature)			
(Date) (Witness) If a Minor, Parent or Guardian's Signature FILE IAW NSSC by-law's (Form Approved 6 Jun 04)	, D:	ate	Notary By: