Treasure State Retriever Club Participation Agreement

Executed on (date)			
Print Name		- Andrews	
Address	City	State	Zip
County	Phone		
to participate or be a spectator the Bob Sparks Retriever Train that these grounds will be used (date) training. I am aware that hunti	hereby acking in the hunt test/field trial/dog training frounds owned and operated by a for simulated hunting dog activities. Live firearms and ammunition and dog activities (where live guns and I am voluntarily participating or was	g activities conduct the Treasure State No actual huntin may be used duri	Retriever Club, and g situations! On ing an event or dog ould be a
knowledge and appre	ciation of the danger involved and he amage, injury, or death. INITIAL	reby agree to accep	t any and
facilities, I agree that I, my heimake A CLAIM AGAINST, OWNERS, AGENTS AND A DAMAGE TO MY PROPER THE PASSIVE OR ACTIVE a result of my voluntary partic	ION for being permitted to participate irs, distributes, guardians, legal repressions, SUE, ATTACH THE PROPERTY (FFILIATED ORGANIZATIONS FOFY OR ANY ANIMAL UNDER MY NEGLIGENCE OR OTHER ACTS, lipation in any of the activities conducted and DISCHARGE PROPERTY (sentatives, and assigned of the control of the cont	gns WILL NOT TE PROPERTY PERSON OR JLTING FROM SED, by an agent, as listed above.
ORGANIZATIONS, OFFICE my heirs, distributes, guardian an injury to my person or dam	RS, DIRECTORS, MEMBERS, from s, legal representatives, or assignees rage to my property or any animal und hunt tests/trials/training on the ground	n all actions, claims now have or may in ler my control resul	or demands that I, the future have for
Organization for any claims be including any animal under my	MPENSATE OR REIMBURSE proper rought against them for the property d y control, which arise as a result of m pating in the activities in which I am	lamage or personal y passive or active	injury or death,
UNDERSTAND ITS CO BETWEEN MYSELF, L AFFILIATED WITH TH FREE WILL FOR MYSI	READ THIS PARTICIPATION NTENTS. I AM AWARE THA AND OWNERS AND ANY O TE DEMONSTRATION. I HAVE ELF AND FOR ANYONE WH NDER 18 YEARS OF AGE.	AT THIS IS A C THER ORGAN VE SIGNED TH	CONTRACT IZATION IIS OF MY OWN
Signature		Date:	
Signature of Parent/Guar	dian or Custodian of Minor:		
Print Name of Minor:			