



RELEASE OF LIABILITY By parent involving a minor

READ CAREFULLY - THIS AFFECTS YOUR LEGAL RIGHTS

In exchange for participation in the activity of operating trap machines and helping with club activities organized by Ashe County Wildlife Club ("ACWC"), of Ashe County Wildlife Club Rd, Laurel Springs, North Carolina, 28644 and/or use of the property, facilities and services of ACWC, I agree for myself and (if applicable) for the members of my family, to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by ACWC, or the employees, representatives or agents of ACWC.
2. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge ACWC for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of ACWC, whether caused by the fault of myself, my family, ACWC or other third parties.
3. I agree to indemnify and defend ACWC against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of ACWC.
4. I agree to pay for all damages to the facilities of ACWC caused by my or my family's negligent, reckless, or willful actions.
5. I consent to the participation of my son, or daughter (name) _____
Address _____
(City) _____ (State) _____ (zip) _____ in operating trap machines and helping with club activities, and agree on behalf of the above minor to all of the terms and conditions of this Agreement. By signing this Release of Liability, I represent that I have legal authority over and custody of (Name) _____.

6. In the event of an injury to the above minor during the above described activities, I give my permission to ACWC or to the employees, representatives or agents of ACWC to arrange for all necessary medical treatment for which I shall be financially responsible. This temporary authority will begin on the date I have signed this document and will remain in effect until terminated in writing by the undersigned or when the above described activities are completed. ACWC shall have the following powers:

- a. The power to seek appropriate medical treatment or attention on behalf of my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or a hospital;
- b. The power to authorize medical treatment or medical procedures in an emergency situation; and
- c. The power to make appropriate decisions regarding clothing, bodily nourishment and shelter.

7. Any legal or equitable claim that may arise from participation in the above shall be resolved under North Carolina law.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARY SURRENDER CERTAIN LEGAL RIGHTS.

Dated: _____

Signature of parent: _____

Name of parent: _____

Address: _____

City _____ State _____ Zip _____

In case of an emergency, please call _____

(Relationship: _____ at _____ (Primary),

or _____ (Cell).