



WAIVER AND RELEASE OF LIABILITY FORM

I certify and confirm to Hau Ora Clay Target Shooting Limited (HCTS):

1. I have read, understood, and agree to comply with the rules and safety precautions displayed and/or explained to me verbally relating to the shooting facilities and activities provided by **HCTS** (“the activities”). I understand that it is a condition of taking part in the activities that I must give the confirmations and certification set out in this form.
2. I have had the opportunity to ask **HCTS** all the questions that I have relating to the activities, and all information I require has been provided by **HCTS**.
3. I do not have any physical condition or health problem which would make it unsafe or against medical advice for me to participate in the activities.
4. I acknowledge that the activities involve shooting of firearms and are inherently dangerous. Careless actions or accidents within the activities carry the risk of serious injury or death, as well as damage to property. These risks can arise from my own actions and the actions of other people.
5. I assume and accept all of the risks involved in participating in the activities including (by way of example and not limitation) any risk, injury, or damage that may arise from the activities and from dangerous or defective equipment.
6. I confirm and undertake on behalf of myself, my executors, administrators and successors as follows:
 - a. I waive, release and discharge **HCTS** from all liability of any kind, for my death, disability, personal injury, property damage, or any loss of any kind which I may suffer if I take part in the activities.
 - b. I indemnify **HCTS** from any and all liabilities or claims made as a result of me taking part in the activities, from whatever cause.
 - c. The certifications and confirmations contained in this form are given for the benefit of and extend to **HCTS**, its officers, its employees, its agents and representatives and the term **HCTS** in this form shall include all such persons.

I CERTIFY AND CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS DOCUMENT AND I AGREE TO BE BOUND BY ITS CONTENTS.

Full Name of Participant

Signature

_____/_____/20
Date

Contact phone no.

Email

Guardian Waiver for Minor (under 18 years of age)

The undersigned parent or guardian (“guardian”) represents that the guardian is acting in such capacity, and has consented to the child’s participation in the activities and has agreed on behalf of the child to the terms of the above waiver and release of liability. The guardian further agrees to indemnify **HCTS** from all liabilities, loss, costs, claims or damage whatsoever which it may incur because of any defect in, or lack of, such capacity to provide this consent and release on behalf of the child.

Full Name of Child

Signature of Parent or Guardian

_____/_____/20
Date