

QUABOAG SPORTSMEN'S CLUB, INC.
GUEST LIABILITY WAIVER AND HOLD HARMLESS FORM

MEMBER'S NAME: (Print) _____

MEMBER'S SIGNATURE: _____

GUEST INFORMATION

NAME: (Print) _____

ADDRESS: (Print) _____

CITY: (print) _____ STATE: _____ ZIP: _____

I understand and acknowledge that the use of firearms or archery equipment entails a potential risk of injury or death. I, hereby, agree to hold harmless and release from any and all liability the Quaboag Sportsmen's Club, its Officers, Directors, Members and Volunteers. I further agree to comply with all the bylaws, range rules and instructions from Officers, Directors and club Volunteers.

My signature below certifies that I have read and agree to these terms and conditions: If I am less than 18 years of age, the signature of my parent or legal guardian certifies concurrence in this release.

I am over 18 years old: Yes: _____ No: _____

SIGNATURE OF GUEST _____ DATE _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____ DATE _____
IF INDIVIDUAL IS LESS THAN 8 YEARS OF AGE

PURPOSE OF VISIT:

TRAP/SKEET: _____ RIFLE/PISTOL: _____ ARCHERY: _____

MASON'S DAY AT THE RANGE: _____

OTHER: _____