

# WAIVER AND RELEASE AGREEMENT

*Please read carefully before signing. This is a release of liability and waiver of certain legal rights.*

**In consideration for my being permitted to participate in the activities of United Field Trialer’s Association, Inc. (UFTA) and the Host/Club holding the trial sanctioned by UFTA , I agree to the following Waiver and Release:**

I acknowledge that hunting and/or target shooting has inherent risks, hazards, and dangers for anyone, that cannot be eliminated, particularly in a wilderness environment. **I UNDERSTAND THAT THESE RISKS, HAZARDS, AND DANGERS INCLUDE WITHOUT LIMITATIONS:**

1. The risk of handling firearms and being near others that have firearms in their possession;
2. The risk of injury from ammunition and shot from other guns;
3. Walking in rugged country, including encounters with wildlife, animals and insects;
4. Inclement weather conditions;
5. The risk of injury from riding on an all terrain vehicle (ATV) or any vehicle used off the paved road;
6. The risk of injury from the use of tree stands.

I understand the risks, hazards, and dangers as described above and I understand that these activities may require good physical conditioning and a degree of skill and knowledge. I believe I have that good physical conditioning and the degree of skill and knowledge necessary for me to engage in these activities safely. I understand that I have responsibilities. My participation in this activity is purely voluntary. No one is

forcing me to participate and I elect to participate in spite of the risks. **I AM VOLUNTARILY USING THE SERVICES OF UNITED FIELD TRIALER’S ASSOCIATION, INC. (UFTA) AND THE HOST/CLUB HOLDING THE TRIAL SANCTIONED BY UFTA WITH FULL KNOWLEDGE OF THE INHERENT RISKS, HAZARDS, AND DANGERS INVOLVED AND HEREBY ASSUME AND ACCEPT ANY AND ALL RISKS OF INJURY, PARALYSIS, OR DEATH.**

Lastly, I, for myself, my heirs, successors, executors, and subrogees, hereby KNOWINGLY AND INTENTIONALLY WAIVE AND RELEASE, INDEMNIFY AND HOLD HARMLESS UNITED FIELD TRIALER’S ASSOCIATION, INC. (UFTA) AND THE HOST/CLUB HOLDING THE TRIAL SANCTIONED BY UFTA their directors, officers, agents, employees, members and volunteers from and against any and all claims, actions, causes of action, liabilities, suits, and expenses (including reasonable attorney’s fees) which are related to, arise out of, or are in any way connected with my participation in this activity, including, but not limited, to NEGLIGENCE of any kind or nature, whether foreseen or unforeseen, arising directly or indirectly out of any damage, loss, injury, paralysis, or death to me or my property as a result of my engaging in these activities or the use of these services, animals, or equipment, whether such damage, loss, injury, paralysis, or death results from negligence of UNITED FIELD TRIALER’S ASSOCIATION, INC. (UFTA) AND THE HOST/CLUB HOLDING THE TRIAL SANCTIONED BY UFTA or from some other cause. I, for myself, my heirs, my successors, executors, and subrogees, further agree not to sue UNITED FIELD TRIALER’S ASSOCIATION, INC. (UFTA) AND THE HOST/CLUB HOLDING THE TRIAL SANCTIONED BY UFTA as a result of any injury, paralysis, or death suffered in connection with my use and participation in the activities of UNITED FIELD TRIALER’S ASSOCIATION, INC. (UFTA) AND THE HOST/CLUB HOLDING THE TRIAL SANCTIONED BY UFTA.

***I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER AND RELEASE AGREEMENT. I UNDERSTAND THAT I AM SIGNING A WAIVER THAT WILL BE IN EFFECT UNTIL I REVOKE SAME IN WRITING.***

\_\_\_\_\_ Date of Birth \_\_\_\_\_  
DATE SIGNATURE

Home Phone \_\_\_\_\_ **PRINT NAME:** \_\_\_\_\_  
Business Phone: \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

Cell Phone: \_\_\_\_\_ **CITY, STATE & ZIP CODE:** \_\_\_\_\_  
Email Address: \_\_\_\_\_

***Membership fee is \$40.00 per year per person or \$50.00 per year per family. Membership term is from September 1st through August 31st each year. Any new member (defined as someone who has never participated in a UFTA trial) may join UFTA with a first year membership fee of \$20.00 for individuals and \$25.00 for a family membership.***

***\*\*For Family Membership, list spouse and any children living in the household on the second page of this form.***

**Mail this form to: UFTA, 494 Stonebridge Lane, Todd, NC 28684**

Family Memberships consist of the members of the family living in your household, ie, spouse and/or any dependent children under the age of 18 years. Anyone over the age of 18 must purchase their own membership.

Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Children: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Children: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Children: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Children: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**MAIL THIS FORM TO: UFTA, 221 Neal Road, Commerce, GA 30530**