

Acknowledgment of Risks and Agreement

Name of Events: CAHAF shooting match

Date:8/1/2015

Organizer: CAHAF

For participating this events. I acknowledge that there are certain risks, hazards and dangers, including risk of physical injury, disability, or death and risk of loss of use or damage to my personal property. Risks include but are not limited to transportation accidents, weather related hazards and natural disasters, infectious diseases, the possibility of slips and falls, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severely debilitating or life-threatening hazards. I understand that injury or loss may result from unknown or unexpected risks, but may also result from the use of equipment, materials, or facilities recommended by the Organizer, environmental conditions, from the acts or omissions of others, or from the unavailability of immediate and/or adequate emergency medical care. There is also the possibility that my engaging in such activities could cause injury or harm to a person other than myself.

I verify that I have no physical disabilities, impairments, or chemical dependencies that inhibit my participation in this Event. I understand that the Organizer does not guarantee my personal health or safety at any point during this Event, nor does it protect me against risk of loss of my personal property. I understand the Organizer does not assume responsibility for the actions of persons not employed by the Organization, for events that are not part of the Event, or that are beyond the control of the Organizer or its contractors, or for situations that may arise due to the failure of the participant to disclose pertinent information.

I understand and hereby acknowledge that I assume all risks incurred by my participation in the Event. In consideration of being allowed to participate in the Event, I hereby release the Board of the Organization, the Organizer, its officers, agents and employees any and all claims arising out of or in any way connected with the Event and my participation in the Event, including but not limited to the risks as outlined above.

Code of Conduct

- I have signed up for this activity.
- I will arrive promptly at the designated time and location.
- I will stay with the group and only leave the group with permission from the Organizer designated representative on the event. If I engage in any behavior that the designated representative believes is inappropriate I will stop the behavior immediately after it is brought to my attention.
- I understand that the designated representative has the right to ask me to leave the activity if he/she deems my behavior or actions poses a threat to myself or others participating in the activity, and I agree to vacate the premises if so ordered.
- I will follow the regulation of the States.

Acknowledgement of Responsibility

- I consent to medical treatment in the event of injury, accident and/or illness during the event.
- In the event I am injured or become ill while participating in this event I understand and agree that I will accept responsibility for any medical bills, including co-payments and deductibles.
- In the event that while participating in this activity I cause harm to another person or another person's property I accept sole responsibility for my actions.

I understand and accept the risks; I understand and agree to abide by the code of conduct; and I accept responsibility for injury to myself; my own property; and harm to others that I have caused.

(如果需要中文翻译, 请自行寻求中文翻译, 并保证在签字前理解此份协议书内容)

Participant Print Name:

Signature of Participant (or Guardians) :

Date: