



Questions?

Contact Chris Stout at
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LIABILITY WAIVER FORM

PLEASE READ AND CAREFULLY REVIEW THE FOLLOWING INFORMATION:

In consideration of Veteran Outfitters furnishing services and/or equipment to enable me to participate in outdoor sport and recreation activities including the use of firearms, I _____ agree as follows, dated ____/____/20____.

By initialing beside each statement listed below I signify that I fully understand and acknowledge that:

____ **A)** risks and dangers exist in my use of outdoor sport and recreation equipment and my participation in outdoor sport activities;

____ **B)** my participation in such activities and / or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/ or total paralysis, death or other ailments that could cause serious disability;

____ **C)** these risks and dangers may be caused by the negligence of the owners, employees, officers, or agents of Maine Bear Camp / Veteran Outfitters; the negligence of participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; but not limited to, guide decision making, including a guide may misjudge terrain, weather, trail or river route location, and water level, risks of falling out of or drowning while in a boat, and other risk, hazards and dangers that are integral to recreational activities that take place in wilderness, outdoor or recreational environments;

____ **D)** And my participation in these activities and / or use of equipment, I hereby assume all risks and dangers and all responsibilities for any losses and / or damages, whether caused in whole or in part by the negligence or other conduct of the owner, agents, officers, or employees of the Maine Bear Camp / Veteran Outfitters, or any other person.

I have read this waiver and release of liability and by signing it agree it is my intention to exempt and relieve Veteran Outfitters; from liability from personal injury, property damage or wrongful death caused by negligence or any other cause. I also understand that in signing as a parent or guardian in the event of an emergency if I cannot be reached, I hereby give permission to the physician selected by Veteran Outfitters; staff to hospitalize or to secure proper treatment, order injections, anesthesia or surgery for my child.

Signature _____ Date ____/____/____

Name _____

Address _____