Release Form

In consideration of the undersigned being allowed to use the facilities of the Ga. FFA-FCCLA Center, Covington, Ga. or South River Gun Club or _____(hereafter called the facility), the undersigned does hereby release, discharge, waive, hold harmless and covenant not to sue Venture Outdoors Inc. and/or Jeannie W. Dillard, Jan G. Dillard, their estate, families, agent, employees, representatives including the facility, its officers, directors, agents, representatives, employees or volunteers, from any and all liability to the undersigned, their heirs, executors, administrators, successors, assigns and next of kin of the undersigned, for loss, damages or injury, including death, to the undersigned(s) person, their unborn child if pregnant, or property, or for any other consequences to the undersigned arising from, out of or as a result of use of the facility or participation in the following classes, General Knowledge Firearm, Individual Handgun Instruction, Confidence Course, Clay Shooting, General Fishing, Fly Casting, Beginning Hiking, Beginning Backpacking, General Canoeing & Float Tubing or any unnamed, class, group or individual training by the undersigned. The undersigned further consents to and authorizes all emergency medical treatment to the undersigned as may be deemed appropriate under existing circumstances at the time of any injury to the undersigned, and to transport the undersigned to the nearest emergence medical facility, by whatever means may be deemed appropriate under the circumstances. The undersigned further consents to the taking, making, or recording of pictures, movies, video tapes or other images of the undersigned(s) likeness or voice in any manner incidental to use of the facilities, and to the publishing, broadcasting or display of such likeness or voice without any compensation therefore.

AGREEMENT

Venture Outdoors, Inc. will use reasonable care for the safety and well being of myself and others attending activities of Venture Outdoors Inc. I agree to obey all safety rules and handle myself, my firearms, ammunition, fishing equipment, and/or any and all equipment, be it mine or the property of other students or of the instructors, as well as my vehicles in such manner as necessary to ensure the safety of myself, the staff, other participants, and the property of the facility where instruction is being held. If I choose to include my children in this training class, they will be closely supervised by myself at all times and not interfere with other class participants in their ability to learn. I understand that I may be terminated from further participation without refund for failure to act in a safe and considerate manner.

I further state that I have read both the release form and agreement, and that I am aware of the risks and hazards of participation including but not limited to accidental discharge of firearms, loss of personal property, injury, or death and voluntarily assume all such risk.

My signature below acknowledges that I take full responsibility for the group for which I have attached a complete list of names of all parties.

_____

Name (print) Signature Date

_____

Group Title/position