



TRAILBLAZER WAIVER FORM

RELEASE, INDEMNITY AND WAIVER AGREEMENT

The undersigned in consideration of my being allowed to participate in the activities of USSAF Trailblazer Adventure Program at _____, agrees to release, indemnify and waive any and all claims which I might, my family on my behalf might, or anyone else might have on my behalf, as a result of injury of any kind whatsoever during my participation in the above event, as against United States Sportsmen's Alliance, United States Sportsmen's Alliance Foundation, their officers, directors, employees, agents, contractors and those affiliated with them.

I do so knowing the hazards and dangers, as well as the risks I am undertaking in this activity. I may be exposed to injury or accident as a result of natural hazards or manmade errors or omissions.

I understand all the risks and hazards involved in this activity, and I have had an opportunity to make a full inquiry and accept those risks as evidenced by my signature hereon.

By signing this statement, I am also agreeing to allow the use of my child's and my image and audio taken at the event, and to receiving future information from the organizations by mail and email.

I further agree that should I be injured regardless of cause, I agree not to sue the sponsors of the event, including but not limited to, the United States Sportsmen's Alliance and United States Sportsmen's Alliance Foundation, their officers, directors, employees, agents, subcontractors and independent contractors. I also agree that in the event of an injury my claim shall be limited to my actual damages or \$100, whichever shall be lower.

I AM VOLUNTARILY USING THE SERVICES OF USSAF, 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, AS EVIDENCED BY MY SIGNATURE HEREON.

I HAVE CAREFULLY READ AND CLEARLY UNDERSTAND, AND I HAVE VOLUNTARILY SIGNED THIS RELEASE, INDEMNITY AND WAIVER AGREEMENT, BINDING MYSELF AND THOSE WHO MIGHT CLAIM ON MY BEHALF.

PARENT OR LEGAL GUARDIAN NAME: _____

PARTICIPANT NAME: _____ **PARTICIPANT AGE:** _____

PARTICIPANT GENDER: FEMALE MALE

ADDRESS: _____ **CITY, STATE, ZIP:** _____

PHONE: _____ **EMAIL:** _____

SIGNATURE: _____

(PARENT OR LEGAL GUARDIAN IF UNDER 18)

*Disclaimer: All information collected is **NOT** sold or distributed for gain. It is collected for data purposes, to receive updates on activities and to send a follow-up email from your event.*

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PRE-EVENT QUESTIONNAIRE

1) PARENT/GUARDIAN: DO YOU HUNT, FISH OR SHOOT?

HUNT FISH SHOOT NO

2) HAS YOUR DAUGHTER/SON EVER GONE HUNTING, FISHING OR SHOOTING?

HUNTING FISHING SHOOTING NO

3) WOULD YOUR DAUGHTER/SON LIKE TO LEARN MORE ABOUT HUNTING, FISHING OR SHOOTING?

HUNTING FISHING SHOOTING NO

4) WHAT IS YOUR DAUGHTER/SON MOST EXCITED ABOUT PARTICIPATING IN TODAY?

SHOOTING A BOW SHOOTING A GUN CATCHING A FISH



The Trailblazer Adventure Program is the largest outdoor program of its kind and has introduced more than 1.8 million youth to the thrill of outdoor sports since 2001! For more information visit www.ussportsmen.org.

