

Parental Consent—Youth Range Release and Waiver Illinois State Rifle Association

This Release, Waiver, and Indemnity agreement, hereinafter referred to as Release, is executed on the date shown below by the parent or legal guardian who is hereinafter referred to as the RELEASOR on behalf of the minor child whose names is shown below and who is hereinafter referred to as a SHOOTER. Where the RELEASOR is the parent or legal guardian of more than one child, the term "SHOOTER" shall be applied in the plural and be interpreted throughout as "SHOOTERS."

Definitions:

RANGE: [KANKAKEE SHOOTING RANGE] The Range shall include the entire geographic area owned and controlled by the Illinois State Rifle Association (ISRA), including but not limited to its shooting facilities of every kind and its property located in Bonfield, Illinois, designated as the Illinois State Rifle Association Kankakee Range.
SHOOTER: The minor child (Youth) accompanied by a parent or legal guardian.

In Consideration of the agreement by the RELEASEES to permit the SHOOTER to participate in shooting activities, the use of firearms and/ or any other activities about or upon the premises of the Illinois State Rifle Association RANGE, the RELEASOR releases, waives, discharges, and covenants not to sue the Illinois State Rifle Association its officers, members and guests, event sponsors, volunteers and employees, hereinafter referred to as RELEASEES, from all liability to the RELEASOR and SHOOTER including their personal representatives, assigns, heirs, and next of kin as to any claims for loss or damage, for any claim for damage on account of injury to the person or property or resulting in the death of the RELEASOR or the SHOOTER, including any claim arising from the use of any firearm or other equipment provided by the RELEASEES, whether or not caused by the negligence of the RELEASEES or otherwise while the RELEASOR and the SHOOTER are using the RANGE for any purpose at any time, (whether shooting, volunteering, spectating or engaging in any activity) upon the Illinois State Rifle Association shooting range, previously referred to as the RANGE.

The RELEASOR further agrees that the RELEASEES reserve the right to terminate the participation of the SHOOTER for failure to behave and act in accordance with the regulations on conduct, for failure to follow the instructions and directions of the RELEASEES or for any acts of conduct of the SHOOTER deemed by the RELEASEES to be detrimental to or incompatible with the interest, harmony and comfort or welfare of the RELEASEES and other SHOOTERS. If the participation of the SHOOTER is terminated only the funds not actually used will be refunded and the SHOOTER will be sent home at the RELEASOR'S expense.

RELEASOR agrees that the RELEASEES reserve the right at any time prior to or during a shooting event, or any other activity, to make cancellations, changes or substitutions in emergencies or change conditions or in the interest of the group to alter the cost and any event itinerary in order to meet unexpected changes.

Initials of RELEASOR: _____

RELEASOR further releases the RELEASEES from any claim whatsoever on account of first aid, medical treatment or emergency services of any kind rendered to the SHOOTER or RELEASOR during the participation of any activities at any time on the RANGE.

RELEASOR agrees that the image or likeness of the SHOOTER may be used by the ISRA and the news media in web, print, or multimedia presentations designed to report or promote the activities of the ISRA, the RANGE, or special events produced and or hosted by the ISRA and the RANGE.

RELEASOR agrees to hold harmless and indemnify, including the payment of fees and court cost, the RELEASEES and each of them from any loss, liability, damage or cost RELEASEES may incur due to the presence of the SHOOTER or RELEASOR in the Illinois State Rifle Association shooting range whether caused by the negligence of the RELEASEES or otherwise.

RELEASOR agrees that this Release, Waiver, and Indemnity Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Illinois and if any portion of the Agreement is held invalid, it is agreed that

the balance will, notwithstanding, continue in full legal force and effect. In the event there is any dispute regarding the validity of this Agreement or the RELEASOR or the SHOOTER has any claim or cause of action against the RELEASEES, it is agreed between the parties that the venue shall be held in ELEVENTH Judicial Circuit Court House located in Livingston County, Illinois.

RELEASOR acknowledges that participation in shooting activities and presence upon a shooting RANGE is or can be a hazardous activity that may result in grave injury or death. RELEASOR further states (1) that he or she has carefully read the above Release and knows the contents of the release and signs this Release as his or her own free and voluntary act, (2) that RELEASOR has the legal authority to sign this consent on behalf of the SHOOTER and (3) that SHOOTER is legally authorized to possess and use firearms in the State of Illinois.

This Release shall remain in effect indefinitely. This Release contains the entire agreement between the parties to this Agreement and the terms of this Release are contractual and not a mere recital.

RELEASOR hereby agrees that RELEASEE may photograph or video tape RELEASOR during shooting activities, or the use of firearms, or any other activities the RELEASOR may be involved in and hereby authorizes the dissemination of any of said photographs or video tape for any promotional advertising or any instructional purpose as determined by the RELEASEE.

Initials of RELEASOR _____

Date: _____ Signature of RELEASOR: _____

Printed Name of RELEASOR: _____

Parent or Legal Guardian (Circle One)

RELEASOR'S FOID#: _____ Exp. Date: ____/____/____

Youth Shooter Name: _____ Date of Birth ____/____/____

Youth Shooter's FOID#: _____ Exp. Date: ____/____/____

Witnessed by ISRA Representative: Signature: _____

Printed Name: _____

Youth Shooter Name: _____ Date of Birth ____/____/____

Youth Shooter's FOID#: _____ Exp. Date: ____/____/____

Witnessed by ISRA Representative: Signature: _____

Printed Name: _____

Youth Shooter Name: _____ Date of Birth ____/____/____

Youth Shooter's FOID#: _____ Exp. Date: ____/____/____

Witnessed by ISRA Representative/: Signature: _____

Printed Name: _____