

**Strathalbyn Farms Club**  
552 Wolfrum Rd., St. Charles, MO 63304

## Release Form

**ANY MEMBER OR GUEST MUST COMPLETE THE FOLLOWING RELEASE FORM BEFORE YOU MAY BEGIN YOUR ACTIVITIES IN OR ABOUT THE PREMISES.**

(Please keep a copy of this form within each member's file for future reference.)

### Personal Information:

Name: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

### Release/Disclaimer

I do hereby assume full responsibility for any and all damages, injuries (including death), or losses that I may sustain or incur, if any, while attending, engaging, practicing, participating, or witnessing shooting, hunting, hiking, fishing, riding, or operation of any motorized vehicle, or any other activity and/or certain event(s) occurring in or about the premises. I hereby assume full risk, waive all claims and release and hold Strathalbyn Farms Club, its employees, representatives, agents, affiliates, lessees, instructors, partners, board, officers, members, any owners of neighboring property permitting Strathalbyn Farms Club access to the property (including but not limited to Jeff Kolb and of his affiliates and heirs), and any sponsors of any program or event at Strathalbyn (collectively, the "Released Parties"), individually or otherwise, harmless for any and all liability, claims, suits, damages, expenses, fees, actions, or rights of action or judgments as a result of injury or death to myself or members of my family or heirs, or my guests, or damage, destruction or loss to my property, which in any way relates to, arises out of, or is in any way connected with my presence on the premises, or my participation in events of activities thereon, or the negligent acts or omissions of the releases or any other third party. I am fully aware and understand that Strathalbyn Farms Club does not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services. In consideration of my participation in and the use of the Strathalbyn Farms Club premises or facilities, I hereby release and covenant not to sue the Released Parties from any and all claims that may arise from participation in any programs or event sponsored by Strathalbyn Farms Club. I further agree to reimburse any Released Party for any costs and expenses, including attorneys' fees incurred in enforcing this agreement.

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.**

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Name (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Parents or guardians must sign if applicant is UNDER 18

Parent/Guardian Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_