

EVENT RELEASE FORM

Name of EVENT(S) SLC3 Clay Shoot Date Sept 29, 2023
Location Strathalbyn Farms Club, 552 Wolfrum Road, St. Charles, MO 63304

The undersigned (on my own behalf and on behalf of my heirs, personal representatives, successors and assigns), for and in consideration of the opportunity to participate in a "Clay Shoot," or "Activity" (hereinafter, **EVENT(S)**) sponsored and/or conducted by the St. Louis Council of Construction Consumers (SLCCC) and their respective officers, directors, employees and agents (hereinafter, the "**RELEASED PARTIES**") releases and holds harmless the "**RELEASED PARTIES**" from any and all claims and demands, rights and causes of action of any kind whatsoever which I now have or later may have against the "**RELEASED PARTIES**" in any way resulting from, arising out of, or in connection with the performance of their organization's duties and my participation in any said **EVENT(S)**. 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 "**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 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 participation in events or activities thereon, or the negligent acts or omissions of the releases or any other third party.

I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE ANY OR ALL OF THE "RELEASED PARTIES" FOR ANY INJURY RESULTING TO MYSELF OR MY PROPERTY ARISING FROM, OR IN CONNECTION WITH THE PERFORMANCE OF THEIR DUTIES IN SPONSORING, PLANNING OR CONDUCTING THE EVENT(S).

WAIVER OF RIGHTS UNDER STATE STATUTES

I further agree to waive all benefits flowing from any state statute which would negate or limit the scope of this release and Indemnification Agreement.

By signing this Release, I certify that I have read this Release and fully understand it and that I am not relying on any statements or representations made by the "**RELEASED PARTIES**."

THIS IS A RELEASE – READ BEFORE SIGNING

Must be completed in full.

Signature _____

Print Name _____

Address _____

City/State/Zip _____

Date _____