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.)

Vame:(First)	(Mi	ddle Initial)	(Last)
Address:	(6)	(C)	
(Street)	(City) Release/I	(State) Disclaimer	(Zip)
I do hereby assume full respons sustain or incur, if any, while atthiking, fishing, riding, or operation occurring in or about the premise Farms Club, its employees, repromembers, any owners of neighbour (including but not limited to Jeff at Strathalbyn (collectively, the "claims, suits, damages, expenses myself or members of my family any way relates to, arises out of, participation in events of activitic party. I am fully aware and under employ or contract with any me consideration of my participation release and covenant not to sue in any programs or event sponse. Party for any costs and expenses	ending, engaging, practice on of any motorized velouses. I hereby assume full resentatives, agents, affiliated research or in grouperty permitting. Kolb and of his affiliated Released Parties"), individually, fees, actions, or rights of the research or the negligible restand that Strathalbyn in and the use of the Strathalbyn Farried by Strathalbyn By Strathalbyn By Strathalbyn By Strathalbyn By Strathalbyn By	ring, participating, or witnessinicle, or any other activity and risk, waive all claims and relates, lessees, instructors, parting Strathalbyn Farms Club acts and heirs), and any sponsoridually or otherwise, harmle of action or judgments as a record damage, destruction or loted with my presence on the sent acts or omissions of the reference of the farms Club does not have on a for ordinary or emergency of trathalbyn Farms Club premium any and all claims that mains Club. I further agree to reference of the sent acts or ordinary or emergency of the sent acts of the sent acts or ordinary or emergency of the sent acts.	ing shooting, hunting, d/or certain event(s) lease and hold Strathalbyn ners, board, officers, cess to the property ors of any program or events for any and all liability, esult of injury or death to set to my property, which is premises, or my releases or any other third in or about the premises, of medical services. In his or facilities, I hereby y arise from participation emburse any Released
HAVE READ AND FULLY UN INDERSTAND THAT I HAVE OLUNTARILY.			
Name (Print):			Date:
Name (Signature):			Date:
arents or guardians must sign if ap	pplicant is UNDER 18		
arent/Guardian Name (Print):			Date:
Parent/Guardian Signature:			