

**VICTORIA SKEET AND TRAP CLUB, INC.**  
**Release of Liability and Assumption of Risk of Dangers and Hazards**

I acknowledge and understand that as an attending guest and/or member, no warranties, either express or implied, are given by the landowner, or by the Victoria Skeet and Trap Club, Inc., (VSTC) its Directors and Officers, or other members as to the condition of the real property or any roads, buildings, gates or other improvements located on it. This document affirms that I realize dangerous conditions, risks and hazards do exist from the sport of shooting firearms and that I have been apprised of this fact. My presence, activities and participation may expose me and my property to dangerous conditions, risks and hazards, including but not limited to: general conditions of the land both on and off roadways; possible dangerous driving and walking conditions, persons with firearms, hearing or vision loss, and persons driving vehicles. I hereby expressly assume all such dangers, risks and hazards.

I am a recreational guest pursuant to Chapter 75 of the Texas Civil Practices and Remedies Code. I accept this classification and agree that the provisions in the statute apply to the landowner, VSTC, and its Directors, Officers, and members, and me.

Knowing the risk of shooting firearms, I hereby agree to release and hold harmless the landowner, the VSTC, its Directors and Officers, their agents, volunteers and affiliated organizations who, through negligence or carelessness might otherwise be liable to me, or my heirs or assigns, for damages while in or on the shooting range of the VSTC., while competing, observing, officiating, or participating, in any manner, in the sport of shooting firearms and all related functions. I hereby agree that I, my heirs and assigns, will not make a claim of any kind against the landowner, VSTC and/or any of their affiliated organizations, owners, employees, agents or volunteers for personal injury, death, or property damage, resulting from negligent or other acts, howsoever caused by any such persons.

**In consideration for the right to enter and to participate in the activities, I hereby release and agree to protect, indemnify and hold harmless the landowner, VSTC, its Directors and Officers, their respective agents, employees and assigns from and against any and all claims, demands, causes of action and damages, including attorney's fees, resulting from any accidents, incidences or occurrences arising out of, incidental to, or in any way resulting from the use of the premises and the improvements thereon, or caused by other guests or members, whether or not caused by landowners, VSTC , guests or members.**

I hereby assume all risk and full responsibility for all food and/or alcohol consumed by me or my guests on the property and any and all actions that I may be involved in after leaving the property. I am aware that the VSTC allows alcohol consumption only AFTER a participant has ceased shooting for the day. If you drink alcohol, you CAN NOT shoot.

I have carefully read this release and fully understand its contents. I am aware that this is a release of liability and that by signing this release I am giving up valuable legal rights in exchange for the privilege of participating in shooting firearms and related activities on the premises. I further agree that this release applies to my minor children while they are on these premises.

Today's Date \_\_\_\_\_ Please check the appropriate box: Member \_\_\_\_\_ Guest \_\_\_\_\_

**Please PRINT the names & dates of birth and age of any family members living in your household that will be on VSTC premises at any time:**

Member / Guest Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Signature \_\_\_\_\_

Spouse's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Signature \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Student (Y/N) \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Student (Y/N) \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Student (Y/N) \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Student (Y/N) \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Student (Y/N) \_\_\_\_\_

Address \_\_\_\_\_ City/Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Email Address \_\_\_\_\_