

NORTH STATE SHOOTING CLUB, INC
GENERAL RELEASE OF LIABILITY FORM

Data Required by the Privacy Act of 1974 Prescribing Directive: 10 USC 2733, 28 USC 3012, AR 27-20

Authority: Title 10, USC 3012. Principle Purpose: To release the United States Government, Department of the Army, NC National Guard, Camp Butner and their agents and employees from any and all liability arising from or incident to participation in sporting events involving the North State Shooting Club on Camp Butner.

Mandatory or volunteer Disclosure and Effect on Individual Not Providing Information: Voluntary; however, if information is not provided, participation in such sporting events may be denied.

DATE	Date of Birth	
Last Name	First Name	MI
Address		
City	State ()	Zip Code
E-mail Address	Phone Number () () ()	NRA Number
Name (Emergency Point of Contact) (Print) (Area Code) Phone No.		

AGREEMENT TO PARTICIPATE AND RELEASE OF LIABILITY

In consideration of being allowed participation in any way in a firearms competition or training event sponsored by North State Shooting Club, Inc. (NSSC) the undersigned or his, or her parent or guardian if a minor, hereby agrees:

I, _____ in consideration of the permission extended to me by the United States, through its agents, to participate in events held on Camp Butner Training Site involving the North State Shooting Club, agree to release and hold harmless the United States Government, the United States Army, NC National Guard, Camp Butner and the agents and employees thereof from any and all liability for personal injury, death, property damage or loss, or any other loss resulting from or arising out of participation in such sporting events on Camp Butner, North Carolina, and any claim of a third party arising from any negligent or wrongful conduct by me.

I certify that I have not been convicted of any Federal or State Felony or violation of Sect 922 title 18 United States Code; and I am not a member of any organization that advocates the violent overthrow of the United States Government. I will abide by all safety rules and the direction of the North State Shooting Club's supervisor. I further acknowledge that failure to abide by all safety rules and the direction of North State Shooting Club's supervisor as well as the rules of the accrediting Organization; i.e. NRA, and or CMP may result in my being disqualified from participating in sporting events on Camp Butner Training Site.

I acknowledge that I have read and understand the provisions of this release and understand that it is binding upon myself and my assigns, heirs, executors, beneficiaries, family members and derivative claimants. I further acknowledge that I have no medical history or condition that would preclude my participation in recreational shooting sporting events on Camp Butner. In the event that I sustain injury or illness while participating at Camp Butner, I hereby authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel. I also give my permission for attending medical personnel to execute on my behalf my permission forms or other necessary medical documents and to act in my behalf if I am not immediately able to do so.

(Date)	(Signature)
(Date)	(Witness)

If a Minor,
Parent or Guardian's Signature _____, Date _____ Notary By: _____