



COVID-19 RELEASE FROM LIABILITY
COWBOY ACTION SHOOTING AND RELATED ACTIVITIES

I hereby acknowledge that I have voluntarily applied to participate in and/or observe on multiple occasions from the date hereof through December 31st of this calendar year the sport of Cowboy Action Shooting and/or related activities including but not limited to equestrian events, children's games, and food service and merchandise vendors.

AS LAWFUL CONSIDERATION for being permitted to enter upon the various premises upon which these events are held and for being permitted to participate and/or observe the activities or otherwise use the facilities at the various venues, I, the undersigned, for my heirs, distributes, legal representatives, next-of-kin and assigns agree to the provisions set forth below:

I understand that I am participating in a sport which contains dangers, and risks may arise, including but not limited to, accidental injury, the forces of nature and illness. In consideration of the right to participate in these events and services provided for me by the Single Action Shooting Society (SASS), Fort Des Moines Rangers, and its agents, I have and do hereby assume the risks associated with such events.

I further understand that there is an inherit risk of exposure to COVID-19 and other infectious diseases in any public place where people are present.

COVID-19 is a contagious disease than can lead to severe illness and death. By signing this waiver, I understand and assume all risks related to the exposure to any infectious disease, including, but not limited to COVID-19.

I agree that you may tape and photograph me, and record my voice, conversation and sounds, including any performance of any musical compositions, during and in connection with my appearance and that you shall be the exclusive owner of the results and proceeds of such taping, photography and recording with the right, throughout the world, an unlimited number of times in perpetuity, to copyright, to use and to license others to use in any manner, all or any portion thereof or of a reproduction thereof in connection with the program or otherwise.

I further agree that you may use and license others to use my name, voice, likeness and any biographical material concerning me which I may provide, in any and all media and in the promotion, advertising, sale, publicizing, and exploitation of Cowboy Action Shooting events and/or otherwise, and ancillary products in connection with such, in connection with SASS and/or SASS' affiliated services, throughout the world in all media, an unlimited number of times in perpetuity. I further represent that any statements made by me during my appearance are true, to the best of my knowledge, and that neither they nor my appearance will violation or infringe upon the rights of a third party.

I hereby waive any right of inspection or approval of my appearance or the uses to which such appearance may be put. I acknowledge that you will rely on this permission potentially, a substantial cost to you and

hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the permissions granted herein.

I shall, at my own expense, defend management and/or all sponsors, their members or employees from any and all such claims and indemnify, from all liability, damage and costs arising from injuries to person or property, and any illness and or disease occasioned by act or omission of the contestant.

I understand that this release shall be binding on me, my heirs, distributees, legal representative, next-of-kin and assigns from the date it is executed through December 31 of the calendar year in which it is executed and it will apply to every event and premises at which I participate and/or observe the activities described herein.

The undersigned has carefully read and fully understand the covenant not to sue contained herein, and voluntarily signs this release, waiver of liability and indemnity agreement.

Do you have a medical condition that we should be aware of in the case of an emergency?

List any allergies to medications _____

List any medications taken in an emergency _____

Do you have these medications available? Yes _____ No _____ Where are they located?

Emergency Contact: _____ Emergency Phone _____

Date: _____ Alias: _____ SASS# _____

Name: _____ Phone _____

Address _____

Signature: _____