Accident Waiver & Release of Liability Form

PLEASE READ CAREFULLY – BY SIGNING THIS DOCUMENT, YOU ARE WAIVING CERTAIN LEGAL RIGHTS

I acknowledge that by signing this document, I am voluntarily choosing to participate in activities organized, sponsored, or affiliated with Houston Safari Club Foundation (HSCF) and/or its subsidiaries. I fully understand that participation in these activities involves inherent risks, including but not limited to serious injury, illness, property damage, and even death.

ASSUMPTION OF RISK
I hereby assume all risks associated with my participation in any and all activities related to HSCF, including but not limited to risks arising from:

- Negligence or carelessness of HSCF, its subsidiaries, directors, officers, employees, volunteers, representatives, agents, sponsors, or affiliates.
- Dangerous or defective property or equipment owned, maintained, or controlled by the parties listed above.
- Any other risk, including those not foreseeable, whether due to fault or no fault.

I certify that I am physically fit, sufficiently trained, and have not been advised by a qualified medical professional to avoid participation. I am unaware of any medical conditions that would prevent my safe involvement in the activity.

RELEASE AND WAIVER
In consideration for being allowed to participate, I, on behalf of myself, my executors, administrators, heirs, next of kin, successors, and assigns, hereby:

(A) WAIVE, RELEASE, AND DISCHARGE HSCF, its subsidiaries, and their respective directors, officers, employees, volunteers, representatives, agents, sponsors, and event organizers from any and all liability for:

- Death, disability, personal injury, property damage, theft, or loss.
- Any claims, demands, or causes of action related to or arising from participation in the activity.
- Incidents occurring before, during, or after the activity, including travel to or from the event.

(B) INDEMNIFY, DEFEND, AND HOLD HARMLESS all parties mentioned above from any and all claims, causes of action, damages, costs, or liabilities, whether caused by negligence or otherwise, arising from my participation.

- I understand and acknowledge that hscf and its representatives are not responsible for the actions, omissions, or conduct of any third-party conducting activities on their behalf.

ACKNOWLEDGEMENT OF RISKS
I understand that participation may involve strenuous activity and exposure to various hazards including, but not limited to:

- Use of firearms or other equipment
- Rugged or uneven terrain
- Adverse weather or environmental conditions
- Vehicle-related risks
- Dehydration, fatigue, or illness
- Actions or negligence of other participants, volunteers, or staff

These risks apply to both participants and volunteers and may exceed typical expectations for recreational activities.

MEDICAL TREATMENT CONSENT
I consent to receive medical attention deemed necessary in the event of an accident, injury, or illness during my participation. I understand that I am responsible for any resulting medical costs.

MEDIA RELEASE
I acknowledge that I may be photographed or recorded during the activity and grant permission for my image, likeness, or voice to be used in promotional or marketing materials by HSCF, its sponsors, organizers, or affiliates, without compensation or further approval.

GENERAL PROVISIONS
This document is intended to be interpreted as broadly as possible under applicable law to provide maximum protection to the released parties. If any portion is held invalid, the remainder shall continue in full legal force and effect.

I CERTIFY THAT I HAVE READ THIS WAIVER IN FULL, UNDERSTAND ITS CONTENT, AND SIGNED IT FREELY AND VOLUNTARILY AS A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE FULLEST EXTENT PERMITTED BY LAW.

Participant's Name (Printed): _____

Participant's Signature: _____

Date: _____

If the participant is under 18 years of age:
As parent or legal guardian of the minor named above, I consent to their participation in HSCF activities and agree to the terms and conditions outlined in this waiver.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____