



*PETERSHAM GUN CLUB INC.
158 NELSON RD
PO BOX 812
PETERSHAM MA 01366
Tel.: 978-249-7445*

RELEASE AND ASSUMPTION OF RISK

I hereby assume any and all risk associated with shooting at or near the Petersham Gun Club, inc.

I know and understand that there will be other persons shooting and carrying firearms on the property of the Petersham Gun Club, inc. and I hereby assume the risk of any and all injuries I may suffer due to the physical condition, equipment failure, acts of God, acts or omissions of other shooters and/or for any other reason on or near the property [with or without permission] of the Petersham Gun Club, inc.

I know shooting can be a dangerous activity and I agree to act prudently and carefully to avoid any injury. I certify that I am familiar with the use and operation of the firearm I will be using while at the Petersham Gun Club, inc. and I am familiar with rules of shooting and firearms safety.

I release any member or Executive Board Director or Officer of the Petersham Gun Club, inc. together with all of their employees or volunteers, without limitation for any and all claims for personal injury, wrongful death and/or property damage which may arise or occur during or as a

result of my presence on the Petersham Gun Club, inc. regardless of the cause of any such injury, including those which may be caused by negligence.

I give this release and assume all the risks in consideration of being allowed to enter onto and shoot at the Petersham Gun Club, inc. This release will be binding to my heirs, executor and assigns.

All individuals under 18 years of age must have a parent's signature.

Printed name: _____ Date: _____

Signature: _____ Phone# _____

Address _____

Date of Birth _____