



Florida FFA Foundation, Inc. & Catfish Creek Sporting Clays, LLC
Sporting Clays Waiver & Release Agreement



Name: _____ Birth Date: _____ *Email Required*: _____

Address: _____ Phone: _____
City State Zip

Emergency Contact: _____ Phone: _____

Florida FFA Foundation, Inc & Catfish Creek Sporting Clays, LLC, its owners, officers, employees, agents, representatives, parents and affiliates (hereinafter, "FFA & CCSC") have agreed to permit me to use the sporting clays course. In consideration of being permitted to participate in this event and for FFA's & CCSC's permission to enter the course, I agree:

- 1. That there is a risk of serious injury or death if I participate in sporting clays. Some of the risks that I may encounter are defective or faulty weapons or ammunition, negligence of other participants and negligence of FFA & CCSC.
2. That I accept and assume full responsibility for and risk of bodily injury, death, or property damage due to the negligence of the Released Parties or otherwise while in or at the event or while competing, officiating in, working, or for any other purpose participating in the sport of shooting clays, whether listed in paragraph (1) or not.
3. That I will read and abide by the FFA Foundation, Inc & Catfish Creek Sporting Clays, LLC rules and regulations, as well as all other FFA & CCSC rules and regulations as they may be posted or presented by personnel. If I do not follow these rules and regulations, my participation will be revoked and any fees will not be refunded.
4. That I am in compliance with all federal and state laws and regulation pertaining to the use and possession of firearms and that I will inform FFA & CCSC immediately if I learn of any reason why I cannot legally use of possess firearms.
5. To release, waive, and discharge my right to bring any claims against FFA & CCSC that arise out of or relate to my participation in sporting clays and to release FFA & CCSC, Polk State College Foundation, Polk State College, the Polk State College District Board of Trustees, Polk State College Foundation Board of Directors, and their respective current or former officers, directors, board member, servants, agents, or employees (individually and collectively, Released Parties) from liability for any and all liability claims, demands, actions, and causes of action, or related to any loss, damage, or injury, including death that may be sustained or incurred by me, or to any property belonging to me, during, or as a result of my participation in the event or any activities in connection with the event, whether caused by the negligence of any of the Released Parties or otherwise. I further agree that I will indemnify, hold harmless and reimburse the Released Parties for all losses (including attorney fees and cost) from any claims brought by any persons or entities arising out of or relating to my participation in sporting clays. I further release the Released Parties from any claim whatsoever on account of first aid treatment or service rendered to me during participation in the event. I expressly agree that this Release, Wavier, and Indemnification (Release) is intended to be as broad and inclusive as permitted by the laws in the State of Florida and that if any portion of the agreement is held invalid, the balance will continue in full legal force and effect.
6. That if I require emergency medical treatment as a result of accident or illness arising during this activity, I consent to such treatment. I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment.
7. I grant FFA & CCSC, Polk State College and its Foundation permission to use photographic and/or video images of me for the purpose of marketing, publicizing and promoting the facility. I waive any right to be compensated for the use of my image and release FFA & CCSC, Polk State College and its Foundation from liability for any claims, where such claims arise out of or relate to FFA & CCSC use of my image.

I further state that I am at least eighteen (18) years of age, fully competent to understand the agreement and enter into it voluntarily. I execute this Release for full, adequate, and complete consideration, fully intending this Release to be binding on myself, my spouse, my family, and my heirs, assigns, and personal representatives. I further state that there are no health-related reasons or problems which preclude or restrict my participation in the Course/Training.

_____ (signature) _____ (Date)