

**Release of Liability**

This is a Contract. Read It!

**Organizer:** Keystone Chapter NAVHDA ("Sponsor").

**Activity Description:** Versatile Hunting Dog Training as described on the websites [www.keystonehvhda.com](http://www.keystonehvhda.com) and [www.NAVHDA.org](http://www.NAVHDA.org) and in the publication entitled *The Training and Care of the Versatile Hunting Dog* and the *AIMS Programs Test Rules* ("Activity"), as well as any other activities sponsored by the Sponsor .

In consideration of being allowed to participate in the Activity, IF I OR THE PERSON FOR WHOM I AM SIGNING THIS AGREEMENT IS INJURED participating in the Activity or while present on the Sponsor's property, I AGREE TO BE LEGALLY BOUND by the promises set forth below. I understand that the term "Sponsor" includes the Sponsor identified above, its members, officers, directors, agents, servants and employees and, if not owned by the Sponsor, the owners of the land on which the Activity is taking place ("Property").

I WILL NOT SUE the Sponsor.

I FOREVER RELEASE the Sponsor from any and all liability for the injury.

I WILL INDEMNIFY AND HOLD HARMLESS the Sponsor from any loss, liability, damage or cost of any kind that may occur as a result of the injury.

I AGREE THAT THE ABOVE PROMISES ARE LEGALLY BINDING even if I contend that my injuries are wholly or partly the result of NEGLIGENCE or other CONDUCT on the part of Sponsor for which a release is not contrary to public policy.

I WILL NOT CLAIM that I paid any charge for participating in the Activity or entering the Property for recreational purposes.

I voluntarily ASSUME THE RISK OF INJURY OR EVEN DEATH while participating in the Activity or entering the Property.

I understand that the Activity may be INHERENTLY DANGEROUS.

I recognize my responsibility to INSPECT the grounds, waterways and other facilities within the Property, to exercise GOOD JUDGMENT, to ACT RESPONSIBLY and to OBEY all of Sponsor's oral or written guidance, instructions (including signage) and warnings.

If I am injured while participating in the Activity, and unable to act on my own behalf, I authorize the Sponsor to provide emergency first aid and further authorize any attending medical/ first aid personnel to provide such medical care as they consider necessary or appropriate and to execute on my behalf such permission forms, consents or other documents as are needed to obtain hospital or other medical care.

I RELEASE to the Sponsor, and authorize the Sponsor to produce, reproduce, broadcast and otherwise use, photographs, films, videotapes, recordings, digital images of me, in any media form in connection with my attendance at or participation in the Activity, without compensation, for an unlimited duration.

I understand that this release agreement is unlimited in duration and covers all Activities that I participate in at any time in the future.

I AM 18 YEARS OF AGE OR MORE OR, IF NOT, I AM SIGNING AS PARENT OR GUARDIAN OF A MINOR CHILD with the consent of the other parent or guardian (if any). I understand that I may be giving up the rights of my child and spouse to sue as well as giving up my own right to sue.

I have read and understood these promises and am VOLUNTARILY signing below INTENDING TO BE LEGALLY BOUND.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*Required Information for Activity Participant:*

Name: \_\_\_\_\_ Birthdate (if a minor): \_\_\_\_\_

Address: \_\_\_\_\_

Printed name of person signing for a minor: \_\_\_\_\_



## **Membership Application**

*(NOTE: All chapter members are required to be members of NAVHDA International and a signed Keystone Chapter Release of Liability)*

\_\_\_\_\_New Member (\$35 per year) \_\_\_\_\_Renewal (\$35 per year)

Name: \_\_\_\_\_ NAVHDA No. \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Additional Family Members (\$30 per year per family member):

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ NAVHDA No. \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ NAVHDA No. \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ NAVHDA No. \_\_\_\_\_

Breed(s) of dog(s) \_\_\_\_\_ Age(s) of dog(s) \_\_\_\_\_

Make check payable to *Keystone Chapter of NAVHDA* and mail to:

**John Wolfe**  
**2475 Stinson Ln**  
**Norristown, PA 19403**