

DESERT CREEK SPORTSMAN'S CLUB LLC  
Assumption of Risk, Release of Liability & Indemnity Agreement

I HEREBY ACKNOWLEDGE THAT I HAVE VOLUNTARILY APPLIED TO PARTICIPATE AND/OR OBSERVE IN THE SPORT SHOOTING OR TRAINING ACTIVITIES CONDUCTED BY DESERT CREEK SPORTSMAN'S CLUB LLC, DESERT CREEK GUNDOG KENNELS OR ANY OF ITS AFFILIATED ORGANIZATIONS. I AM AWARE THAT SPORT SHOOTING AND HUNTING WITH LOADED FIREARMS IS AN ACTIVITY THAT IS POTENTIALLY DANGEROUS AND INVOLVES RISK WHICH CAN RESULT IN SERIOUS INJURY OR DEATH. I VOLUNTARILY PARTICIPATE WITH THE KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ALL RISKS AND RESPONSIBILITIES THAT I MIGHT INCUR.

I HEREBY RELEASE AND WAIVE ANY AND ALL CLAIMS, LITIGATIONS, LIABILITY, DEMANDS OR CAUSES OF ACTION AGAINST DESERT CREEK SPORTSMAN'S CLUB LLC OR DESERT CREEK GUNDOG KENNELS INCLUDING ITS OFFICERS, EMPLOYEES, CONTRACTORS, VENDORS, LAND OWNERS, INVITEES, VOLUNTEERS AND AFFILIATES FOR ANY LOSS, INJURY, ILLNESS, DEATH, THEFT OR DAMAGE TO MYSELF OR MY PERSONAL PROPERTY OR HUNTING DOG(S).

FURTHER, I HEREBY AGREE TO INDEMNIFY DESERT CREEK SPORTSMAN'S CLUB LLC AND/OR DESERT CREEK GUNDOG KENNELS FOR ANY CLAIMS, PENALTIES, FINES, JUDGMENTS OR LEGAL FEES, INCLUDING MEDICAL OR LEGAL CLAIMS THAT MAY BE BROUGHT AGAINST THEM FOR ANY PROPERTY DAMAGE (INCLUDING BUT NOT LIMITED TO HUNTING DOGS), LOSS, INJURY, ILLNESS, DEATH OR THEFT WHICH MAY ARISE AS A RESULT OF MY DELIBERATE OR UNINTENTIONAL ACT(S).

I ACKNOWLEDGE THAT I AM SOLELY RESPONSIBLE FOR ABIDING BY ALL U.S. LAWS AND THE LAWS OF THE STATE OF ARIZONA, INCLUDING BUT NOT LIMITED TO THOSE PERTAINING TO HUNTING AND FISHING REGULATIONS AS WRITTEN IN THE ARIZONA STATUTES, AS WELL AS ALL RULES STATED/POSTED BY DESERT CREEK SPORTSMAN'S CLUB LLC WHICH INCLUDE NO ALCOHOL ON THE PREMISES.

THIS AGREEMENT SHALL BE EFFECTIVE AND BINDING UPON MY HEIRS, NEXT OF KIN, ANY PARENT/LEGAL GUARDIAN NOT LISTED, EXECUTORS, ADMINISTRATORS AND REPRESENTATIVES. BY SIGNING THIS FORM, I WILLFULLY ACKNOWLEDGE THAT I HAVE CAREFULLY READ, UNDERSTAND AND AGREE WITH THIS DOCUMENT IN ITS ENTIRETY AND UNDERSTAND THAT BY SIGNING THIS FORM, I AM WAIVING VALUABLE LEGAL RIGHTS. THIS WAIVER IS VALID FOR ALL VISITS FOR ONE YEAR BEGINNING WITH THE DATE BELOW.

**IF UNDER THE AGE OF 18 YEARS, PARENT/GUARDIAN INFO & SIGNATURE IS REQUIRED.**

**(PLEASE PRINT & SIGN)**

FIRST/LAST NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

EMERGENCY CONTACT (optional): Name \_\_\_\_\_ Phone \_\_\_\_\_

PARTICIPATING MINOR(S) **if applicable**: Please include names & ages.

**X** \_\_\_\_\_

PARTICIPANT SIGNATURE (Parent signature If under 18)

\_\_\_\_\_  
DATE