

Canadian County Fair Board Trap Shoot
Liability Release Form

Participant's Name: _____ Phone: _____

Address: _____ City: _____ State _____

I, the undersigned, do understand the risk and details of the Canadian County Fair Board Trap Shoot rules and regulations and will follow and obey them and the rules of the O. T. A. Range. I further hereby agree to save harmless the Canadian County Fair Board, Inc. from actions or claims brought on account of any injuries or damages sustained by my person or property in consequence of any neglect or misconduct by the Canadian County Fair Board, Inc. or any of their employees. In case of an emergency the person or physician to contact is:

_____ Phone _____

DATE: _____

PARTICIPANT: _____

Signature: I have Read the above and I agree.

Superintendent: _____

Signature