

**Acknowledgement of Risk, Release of Liability, and
Assumption of Personal Responsibility
For Use of Facilities**

The Wilmington Trapshooting Association (WTA)

I, _____, understand that while at the Wilmington Trapshooting Association (here after, WTA), I may be exposed to above-normal risks.

In the event I am injured due to an accident or negligence involving myself, or any individual, I agree that the WTA; its Board of Trustees, collectively and individually; its officers, members , employees and agents will not be held liable.

I believe that I have no physical or psychological problems that would prohibit my safe participation in any activity at WTA, and believe myself to be in good physical and mental condition. I agree to comply I will follow the instructions of WTA officers and officials.

Signature

Date

Parent Signature if Applicant is less that 18 Years Old

Date