

**RELEASE OF LIABILITY, CONSENT TO EMERGENCY MEDICAL
TREATMENT AND INDEMNIFICATION AGREEMENT**
(Concealed Weapons Training)

There are dangers associated with the handling of any firearm. In consideration for the opportunity to participate in concealed carry weapons training (“CCW”) conducted by Brenda L Moots (“Moots”), Brian L Holder (“Holder”) and Keith D Craig, (“Craig”) at Indian Lake Outfitters LLC. (“ILO”), I (we), on behalf of ourselves, our successors, and assigns, hereby release Moots, Holder, Craig and ILO and its employees, agents, officers and representatives from all claims, demands, actions that currently exist or may hereafter arise from the my participation in CCW at ILO. Further, I (we), for ourselves, indemnify and hold Moots, Holder, Craig and ILO and its agents, employees or officers harmless from all loss, liability, damage, expense and responsibility for any accident, injury or damage which results from or arises out of said activities.

I hereby acknowledge and accept that there are certain risks, including **bodily injury or death**, that could result from my participation in said activities and that I have knowingly and voluntarily decided to assume the risks of these inherent dangers which include, without limitation, gunshot wounds, which may cause serious bodily injury or death. This release does not encompass intentional harm. In the event of an emergency or injury to me requiring immediate medical attention, I hereby consent to emergency medical treatment, including transportation to medical providers.

IN WITNESS WHEREOF, I (we) have signed our name (s) to the foregoing document on this

_____ day of _____, 20_____.

Name:_____

Address:_____

Phone:_____

Email:_____