

INSTRUCTIONS FOR COMPLETING THE REGISTRATION & LIABILITY FORMS

These fillable forms are in PDF format. If you can not fill in the data look at the upper right corner of the form and click on “Highlight Existing Fields”.

There are two forms to complete. Scroll down to the Registration form (page 2) and please read the entire form. Fill in the requested information. The next page (page 3) is the liability form which requires your digital signature by typing your name in the correct slot and the date.

Once you have completed pages 2 and 3 please save the file to your computer. THIS IS IMPORTANT – RENAME THE FILE TO THE FOLLOWING:

2023_Marie_“first name” “last name”.pdf

**So if your name is Annie Oakley your file name will be -
2023_Marie_annie.oakley.PDF. Send it to this email address:**

MarieCasperEvent@gmail.com

Questions? Send them to the email address above.



Marie Casper Memorial Ladies Day at the Range

DATE: September 16, 2023

REGISTRATION: 8:00 am

SAFETY BRIEFING: 8:30 am

RANGE: 9:00 am

- Preregistration is required – walk-ins only if an opening is available
- Limited to the 1st 50 registrations (based on date&time stamp)
- Registration and Liability Release forms must be emailed to mariecasperevent@gmail.com and will be accepted on a first come first served basis (based on date and time of day arrival in mail box).
- Age 14-17 must have a parent sign the liability form and accompany them during the event.
- Please bring eye and ear protection and a brimmed hat. (Limited number of ear plugs and safety glasses available at registration.)
- There is no charge to attend other than a covered dish to share for lunch. (Last name A-I salad/vegetable, J-R dessert, S-Z main entree).

After downloading the registration package fill in the information requested below. Save the file and rename it using your first and last name. Email the form to MarieCasperEvent@gmail.com. You will be notified about your registration status. **Deadline to register – SEPTEMBER 13 2023!!!!**

Name:

Address:

City:

State:

Zip:

Phone:

Email:

Beginner/low experience

Experienced

SPONSORED BY THE ERIE COUNTY CONSERVATION LEAGUE



**ERIE COUNTRY CONSERVATION LEAGUE
815 E. Mason Road, Milan, Ohio**

RELEASE OF LIABILITY AND INDEMNIFY FORM

Name of the Activity or Event: Marie Casper Event **Date of Activity or Event:** Sept 16, 2023

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. Known as the **Erie Country Conservation League (ECCL)** of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event. In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- A. I WAIVE, RELEASE, AND DISCHARGE** from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to, **THE FOLLOWING ENTITIES OR PERSONS: ECCL** officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event volunteers;
- B. I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE** the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise. I acknowledge that the ECCL and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of the ECCL. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event. I understand at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assignees. The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

DATE

Participant's Signature (If under 18 years old, parent or guardian must **also** sign and date.)

PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

DATE

Signature of Parent or Guardian