

Hollow Point Defensive Shooters
Liability Waiver, Release & Covenant Not to Sue

Please PRINT Clearly

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ E-mail: _____

Are you an IDPA member? Y or N IDPA #: _____
Are you a HPDS member? Y or N
Are you a Portage Rod & Gun Club member? Y or N

Note: This Legal and binding document will cover all activities during an annual membership period at which time will be renewed when membership is renewed.

In consideration of the Hollow Point Defensive Shooters Club, a Wisconsin based club, permitting me to engage in and/or watch the firearms shooting activities of that club, I, on my own behalf and on the behalf of my heirs, representatives, administrators and assigns, hereby waive and release any and all claims, demands, causes of action, suits and rights I, or anyone on my behalf, might have against that club, it's officers and/or directors or it's members for personal injury (including death), loss or damage to my property which I (or anyone claiming by or through me) may have against that club, it's officers and/or directors, as a result of my taking part in and/or as a spectator of any shooting activities sponsored by, sanctioned by or approved by that club, it's officers and/or directors, or it's members.

Further, I agree that I will not, or will anyone acting on my behalf claiming by or through me, bring or maintain any suit in Court to assert any claim against that club, it's officers and/or directors, or it's members for any claim that I may have arising out of my participation in any activities sponsored by, or approved by that club, it's officers and/or directors, or it's members.

I UNDERSTAND THAT ENGAGING IN DEFENSIVE PISTOL SHOOTING OR ANY SHOOTING ACIVITY CONSTITUTES MY INVOLVEMNT IN A VERY HAZERDOUS AND DANGEROUS ACTIVITY WITH ACCOMPANYING RISKS OF PERSONAL INJURY OR DEATH AND LOSS OR DAMAGE TO PERSONAL PROPERTY, AND I HEREBY VOLUNTARILY ASSUME THOSE RISKS.

I AM OVER TWENTY-ONE (21) YEARS OF AGE

I HAVE READ AND UNDERSTAND THE RULES OF THE INTERNATIONAL DEFENSIVE PISTOL ASSOCIATION AND THE RULES OF THE HOLLOW POINT DEFENSIVE SHOOTERS CLUB. I ALSO UNDERSTAND I MAY RECEIVE THESE RULES UPON REQUEST.

I recognize that the club, its officers and/or directors are not obligated to permit me to participate in and/or watch any of the club's activities and may terminate my participation in such activities at any time for any reason.

The effect of this instrument shall not preclude the prosecution of any claim I might have against any person or corporations other than Hollow Point Defensive Shooters Club, it's officers and/or directors, or it's members. In other words, I am releasing, waiving my rights and agreeing not to sue Hollow Point Defensive Shooters Club, it's officers and/or directors or it's members.

Signature: _____ Date: _____

Full Name (please print): _____

Witness: _____

(Maybe be anyone 18 years of age or older)