American Public Works Association  
Adult/Waiver Release

IN CONSIDERATION of being allowed to participate in any way in the American Public Works Association (APWA) Florida Chapter Suncoast Branch *Sporting Clay Shoot*, the undersigned acknowledges, appreciates and agrees that:

1. There is risk of injury from the activities involved in this event, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of injury does exist;

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE APWA or others, and assume full responsibility for participation and any damage arising out of my use of equipment;

3. I expressly relieve the APWA and Suncoast Branch from any duty of care, which is or may be owed to me as a result of my participation in the event;

4. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and

5. I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE AND HOLD HARMLESS the American Public Works Association, its officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners, lessors of premises used to conduct the event (Releases), with respect to any and all injury, disability, death or loss or damage to personal property, whether arising from the negligence of the Releases or otherwise.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

________________________________________  ______________________________________  ____________
Print Name                                     Signature of Participant            Date