

AGREEMENT TO PARTICIPATE AND RELEASE OF LIABILITY

In consideration of being allowed participation in any way in a firearms competition or training event sponsored by Coastal Carolina Rifle Club, Inc. (CCRC) the undersigned or his, or her parent or guardian if a minor, hereby agrees:

I, _____ in consideration of the permission extended to me by the United States, through its agents, to participate in events held on USMC Stone Bay Rifle Range involving Coastal Carolina Rifle Club, agree to release and hold harmless the United States Government, the United States Marine Corp and Coastal Carolina Rifle Club and the agents and employees thereof from any and all liability for personal injury, death, property damage or loss, or any other loss resulting from or arising out of participation in such sporting events on USMC Stone Bay Rifle Range, and any claim of a third party arising from any negligent or wrongful conduct by me.

I certify that I have not been convicted of any Federal or State Felony or violation of Sect 922 title 18 United States Code; and I am not a member of any organization that advocates the violent overthrow of the United States Government. I will abide by all safety rules and the direction of the Coastal Carolina Rifle Club's supervisor. I further acknowledge that failure to abide by all safety rules and the direction of Coastal Carolina Rifle Club's supervisor as well as the rules of the accrediting Organization; i.e. NRA, and or CMP may result in my being disqualified from participating in sporting events on USMC Stone Bay Rifle Range.

I acknowledge that I have read and understand the provisions of this release and understand that it is binding upon myself and my assigns, heirs, executors, beneficiaries, family members and derivative claimants. I further acknowledge that I have no medical history or condition that would preclude my participation in recreational shooting sporting events on USMC Stone Bay Rifle Range. In the event that I sustain injury or illness while participating at Stone Bay, I hereby authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel. I also give my permission for attending medical personnel to execute on my behalf my permission forms or other necessary medical documents and to act in my behalf if I am not immediately able to do so.

(Date) (Printed Name) (Signature)

(Date) (Printed Name) (Signature)

If a Minor, Parent or Guardian's Signature (Printed & Written) _____, Date _____