

Susan's Pleasant Pheasant Farm
1 Bragg Hollow Rd PO Box 126
Halcottsville, NY 12438 (607) - 326 - 4266



2023 — RELEASE OF LIABILITY – READ BEFORE SIGNING

In consideration of being allowed to participate, in any way, with *Susan's Pleasant Pheasant Farm* and its related events and activities

I, _____ the undersigned, acknowledge, appreciate, and agree:

The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death. While particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist.

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM NEGLIGENCE OF THE RELEASEES of others, and assume full responsibility for my participation.

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 hazards to the attention of the company immediately.

I, for myself and on behalf of my heirs, assigns, personal representatives and the next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS *Susan's Pleasant Pheasant Farm*, their officers, officials, agents, employees, other participants, sponsoring agencies, sponsors, advertisers and, if applicable owners and lessors of premises used for the activity, RELEASES WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to persons or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

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

Signature _____ AGE _____ DATE SIGNED _____

Street address _____ CITY _____ State _____ Zip _____

Phone _____ Email _____

EMERGENCY CONTACT _____

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE.

(UNDER 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent or guardian with legal responsibility for this participant, do consent and agree to his /her release as provided above of all releases, and, for myself, my child and our heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless the release from and all liabilities incident to my minor child's involvement or participation in these programs, as provided above, even if arising from negligence of the releases, to the fullest extent permitted by law.

Minor's Name(s): _____

PARENT/GUARDIAN'S
SIGNATURE & Date _____