

**NORTHEAST OHIO AIRGUNNERS
ACKNOWLEDGMENT & RELEASE OF LIABILITY
MINOR CHILD ADDENDUM**

I hereby certify that I am the adult parent or guardian of _____, a minor child under the age of eighteen years, and I consent to his/her participation in an event sponsored by the Northeast Ohio Airgunners ("N.O.A."), located at the Twin Oaks Air Rifle Range, 9911 Shadow Wood Circle, Chagrin Falls, Ohio 44023 and his/her operation of an Airgun during this event. I understand that the Minor Child is bound by the terms and conditions of the Acknowledgment and Release of Liability form signed by myself.

I understand and acknowledge that I am fully aware of and assume the risks (including but not limited to the risk of serious bodily injury, property loss or damage) of (1) said minor child's participation in the shooting activities of N.O.A. and (2) his/her use of an Airgun during this event. I recognize my responsibility to ensure that said minor child participates only in those activities for which he/she has the required skills, qualifications, training and constantly monitor their participation. I understand that N.O.A. shall have no responsibility to pay for medical treatment and related costs if said minor child is injured. I further understand and agree that I will supply the Airgun, and that N.O.A. disclaims all warranties, express or implied, including warranties of merchantability and fitness for a particular purpose. Knowing the risks described above, I agree, personally and on behalf of the minor child named above, to assume all the risks and responsibilities surrounding my minor child's use of an airgun in the N.O.A. event.

To the fullest extent allowed by law, I hold harmless and agree to indemnify N.O.A. and agents thereof from and against any present or future claim, cause of action, loss or liability for injury to person or property, which said minor child may suffer or for which said minor child may be liable to any other person, related to said minor child's participation in the N.O.A. event, resulting from any cause whatsoever, and regardless of fault. I am at least eighteen years of age and have carefully read and freely signed this Liability Waiver and Release Form (Minor Child). I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of the Ohio (excluding its conflict of laws principles).

Print Minor Child Name: _____

Print Name: _____

Signature: _____

Date: _____