Great Falls Council
2860 Genesee St.
Buffalo, NY 14225

Phone: 716-891-4073

INDIVIDUAL ADULT WAVIER OF LIABILITY & HOLD HARMLESS AGREEMENT

As in all shooting sports, there is the possibility of fragment deflection off trees, targets, and other solid objects on the shooting range or course. Likewise with shotgun shooting, pieces of clay targets (and even whole targets) may fall near or even strike the shooter. For all of these reasons, the use of protective shooting glasses and ear protection is required.

1. I understand the inherent risks involved in recreational sport shooting, and by my signature hereby RELEASE, WAIVE, DISCHARGE, and HOLD HARMLESS the Great Falls Council, Scouting America its employees, officers, volunteers and their immediate families from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by, or to any property belonging to me, while participating in any Scouting America Shooting Program or Event.

2. I am fully aware of the risks and hazards connected with my participation including the risk of physical injury, disability, or death. I am voluntarily participating in said activity and am entering onto the premises to engage in such activity. I VOLUNTARILY ASSUME FULL REPSONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, PERSONAL INJURY OR DEATH that may be sustained, or any loss or damage to property as a result of engaging in this event.

3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the Great Falls Council, Scouting America from any loss, liability, damage or costs that may be incurred due to event participation.

4. It is my express intent that this Release and Hold Harmless Agreement shall bind the members of family members, spouse (if any), and heirs, assignees and personal representatives, and shall be deemed as a RELEASE, WAIVER, AND DISCHARGE of the Great Falls Council, Scouting America. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of New York.

5. I understand that the Great Falls Council, Scouting America will not be responsible for any primary medical costs associated with any injury arising from participating in the event.

6. I further agree to become familiar with the rules and regulations (verbal or written) of this event. I will further assume complete risk of any activity done in violation of any rule, directive, or instruction.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it, and no statements or inducements apart from the foregoing written agreement, have been made. I am fully competent and I execute this Release for full, adequate, and complete consideration (without limitation participating in this event.)

Participant Signature: _____

Printed Name: _____

Address: _____

City, State, Zip: _____

Event Date: August 14 - 16, 2026

Event Location: Camp Scouthaven

Check Event Type: __Unit __ District _X_ Council

Unit Type & #: Pack ____ Troop ____ Crew ____