DAMASCUS ROAD
community church

The undersigned participant ("Participant") in "**Hunting and Shooting"** at **12820 Old National Pike, Mt. Airy, MD** for the **Maryland 2026 2027 Hunting Season** and Participant's parent(s) or legal guardian(s) (if Participant is under 18), in consideration for the opportunity to participate in such activity, individually affirm and agree that:

1. Acknowledgment of Risk. I fully understand and acknowledge that participating in the **Hunting and Shooting** activities may entail hazards, dangers, and other risks to bodily health, safety, and well-being. Such activities, risks, hazards, and dangers may include, but are not limited to, the following:

discharge of a weapon (bruises, burns, wounds); driving and walking on unpaved, unimproved land (sprains, fractures, abrasions, bruises, cuts); exposure to poisonous plants (skin rashes, allergic reactions); tick bites, bee stings (allergic reactions and complications related to such conditions as Lyme disease.)

I understand that the risks and dangers inherent in these activities may be caused by the negligence of Participant in the activity, the negligence of others, accidents, breaches of contract, forces of nature, human hostilities, or other causes, and knowingly accept those risks.

2. Obligations of the Participant. As a condition of participating in the **Hunting and Shooting activities**, Participant shall (1) learn and consistently follow the rules governing the activity, (2) obey all instructions of the designated leader(s), and (3) alert the designated leader(s) immediately of any dangers or hazards to the safety of any individual(s) involved in the **Hunting and Shooting** that Participant perceives.

3. Liability Waiver/Release. In consideration of Participant's participation in the **Hunting and Shooting** activities, and intending to be legally bound, I hereby, for myself, my heirs, executors, and administrators, assume all risks and dangers identified above and hereby agree to release and hold harmless the Church, its service providers, employees, volunteers, directors, officers, and other agents from any and all liabilities, claims, demands, actions, or losses for or from bodily injury, property damage, sickness, wrongful death, loss of services, or otherwise, which may arise out of Participant's participation in the **Hunting and Shooting** or related activities, for any reason or by any cause including through the negligence or carelessness[1] of DRCC or its agents, and which may arise out of Participant's traveling to, participating in, and/or returning from any activity associated with the **Hunting and Shooting**. This Release/Waiver is understood to also be in effect with respect to, and to include any persons who may be engaged in transportation, treatment or attending to, or accompanying of Participant to any medical treatment facility, on the same basis and terms as stated above.

4. Conciliation. I hereby agree and acknowledge that any claim or dispute arising from or related to this Participant Release/Waiver of Liability, any of the rights or obligations granted herein, or the relationship of the parties in any respect thereto shall be brought within 12 months of any occurrence or discovery (or forever waived), shall be governed by the laws of the State of Maryland, and shall be settled only by mediation, or, if necessary to resolve the dispute, by legally binding arbitration in accordance with the then current rules of procedure for Christian conciliation of the Institute for Christian Conciliation of Peacemaker Ministries. A copy of such rules is available on the website www.hispeace.org. Judgment upon a mediation or arbitration award may be entered in any court otherwise having jurisdiction, and such mediation or arbitration is the sole remedy and is non-appealable.

(If 18 years or older)

_____

Participant's Name (please print) **Participant's Signature**

Date

Signature(s) of Parent(s) or Legal Guardian(s) (if Participant is under the age of 18):

_____

Name of Father/Guardian (please print) **Signature of Father/Guardian** **Date**

_____

Name of Mother/Guardian (please print) **Signature of Mother/Guardian** **Date**

Witness: _____

Name (please print) **Signature** **Date**