

**RELEASE, ASSUMPTION OF RISK AND
INDEMNIFICATION AGREEMENT**

I am executing this Release, Assumption of Risk and Indemnification Agreement (“Agreement”) in consideration of my participation in this event and with the understanding that my participation in the event is only on the condition that I enter into this Agreement for myself, my minor children (if applicable), and my heirs and assigns. My participation in this event includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist and I assume any risks relating to this event, in the use of the facilities and any equipment that may be provided to me, and in any other activities connected with this event in which I may voluntarily participate. I *KNOWINGLY AND FREELY ASSUME ALL RISKS*, both known and unknown, even if arising from the negligence of others and assume full responsibility for my participation. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, *RELEASE AND HOLD HARMLESS* Douglas E. Carl, Carl Enterprises, LLC, Total Firearms, Inc., Sport Shows Promotions Company, Inc., D S Carl, LLC, Four Mile Showplace, LLC, Family D, LLC, and their respective officers, officials, agents, employees, other participants, sponsoring agencies, sponsors, advertisers, owners, shareholders, members and landlords of the premises used to conduct the event (collectively, “Releasees”), regarding any and all illnesses, disability, death, or loss, injury, or damage to person or property, whether arising from the negligence of Releasees or otherwise, to the full extent permitted by law.

I agree to indemnify all of the Releasees named above for all claims, including attorney fees and costs, that may be brought against any of them by anyone claiming to have been infected or injured as a result of the event. I willingly agree to comply with the stated and customary terms and conditions for participation in this event regarding protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring it to the attention of the nearest official immediately.

I certify that I have read and fully understand this Agreement and I am of lawful age and legally competent to make this Agreement, and if applicable, execute this Agreement as parent or guardian on behalf of my minor child(ren).

Have you in the past 14 days...

Traveled to one of the known Covid-19 “hot spots”? **Y / N**

Been in contact with A Covid-19 infected person? **Y / N**

Had the following symptoms in the last few days: felt unwell, cough, high temp, shortness of breath, difficulty breathing? **Y / N**

If you answer “Yes” to any of these questions, you cannot enter the building.

Name: _____

Date: _____

Phone #: _____

Temp: _____

/s/ _____