

**Canadian County Free Fair  
ADULT-Trap Shoot  
Legal Release Form**

Participants Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I agree to hold harmless the Canadian County Fair Board Association, the County of Canadian County, et.al., for any and all loss of property and/or person and from all accidents that may result from my participation in the Canadian County **Trap Shoot** or said activities. I will obey myself and obey the rules and regulations laid down by the Canadian County Fair Board and O.T.S.A. Shooting Park.

If I am for some reason unable to consent to medical attention for myself \_\_\_\_\_ hereby grant permission to the adult supervisor to obtain medical care from any licensed medical professional/facility for myself.

I further agree that by signing this agreement, do hereby grant the Canadian County Free Fair Association and its legal representatives and assignees their revo-cable and unrestricted right to use and publish photographs of us, or in which we may be included, for editorial, trade, advertising and any other purpose and in any manner or medium. We hereby release the Canadian County Free Board Associa-tion and its representatives and assignees from all claims and liability relating to said photography.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_