

RELEASE, WAIVER OF LIABILITY, ASSUMPTION  
OF RISK AND INDEMNITY AGREEMENT  
CAMP MINDEN HUNTING PROGRAM  
2022-2023 HUNTING SEASON

In consideration of being permitted to participate in the Military Department, Camp Minden Hunting Program each of the undersigned, for himself, herself, their personal representatives, heirs, and next of kin acknowledges, agrees, and represents the following:

1. The undersigned does hereby release, waive, discharge and hold harmless the Military Department Camp Minden, State of Louisiana, or its parents, subsidiaries or affiliated entities and/or the directors, officers, employees, agents or assigns of any of the foregoing (collectively, the "Released Parties") from all claims and liability in connection with his/her participation in said Hunting Program. The release given herein shall include any and all liability including any loss or damage and any claim or demand therefore on account of injury to person or property or resulting in death of the undersigned arising out of or related to this Event, whether caused by the negligence of the undersigned, the Released Parties, or otherwise.
2. The undersigned agrees to defend, indemnify and hold harmless the Military Department, Camp Minden, State of Louisiana and their related entities, and their employees, and each of them from any and all loss, liability, damage or cost that he/she may incur arising out of or related to this Hunting Program, whether caused by the negligence of undersigned, the Released Parties, or otherwise.
3. The undersigned acknowledges that the activities of the Hunting Program are very dangerous and involve the risk of serious injury and/or death. The undersigned assumes full responsibility for any risk of bodily injury, death or property damage arising out of or related to this Event, whether caused by the negligence of the undersigned, the Released Parties, or otherwise.
4. The undersigned acknowledges, represents and warrants that he/she has been advised that the event involves physical exertion. The undersigned represents and warrants that he/she is of sufficient physical strength and health to participate in the Hunting Program and is not under any doctor's or medical care which would restrict or prohibit participation in the Hunting Program.
5. The undersigned agrees that this Release, Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to any and all acts of negligence of Released Parties, and their employees and is intended to be as broad and inclusive a release as is permitted by the laws of the state of Louisiana, but does not include the gross negligence or willful misconduct of the Released Parties. If any portion of this Release is held to be invalid, it is agreed that the balance, notwithstanding the invalid portion, shall continue in full force and effect.
6. If suit should arise hereon, the prevailing party therein shall be entitled to reasonable attorney's fees and costs of suit. The courts of Webster and Bossier Parish, Louisiana, and the laws of the State of Louisiana shall be the only appropriate venue and forum for any litigation and for enforcing and interpreting any provision hereunder.

**VERIFICATION:** I have read this Release, Waiver of Liability, Assumption of Risk and Indemnity Agreement and fully understand its terms, and understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without any representation, warranty, inducement, assurance or guarantee being made to me by the Released Parties, and intend by my signature for this to be a complete and unconditional release of all liability to the greatest extent allowed by law.

**ACKNOWLEDGEMENT:** The undersigned acknowledges that he/she has had the opportunity to have this Release, Waiver of Liability, Assumption of Risk and Indemnity Agreement of Risk and Indemnity Agreement reviewed by the legal counsel of his/her choosing.  
I understand that I must follow all rules, regulations, and laws described in the Camp Minden hunting rules and regulations.

\_\_\_\_\_  
Signature of Releaser

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth