

VISITOR'S ACKNOWLEDGEMENT OF RISK

In consideration of the services of Danny B. Harrison, his officers, agents, employees and stockholders, and all other persons or entities associated with those businesses hereinafter collectively referred to as Harrison's Outfitter Services, LLC.

Although Harrison's Outfitter Service, LLC: has taken reasonable steps to provide you with appropriate equipment and skilled personnel so you can enjoy an activity for which you may not be skilled, we wish to remind you this activity is not without risk. Certain risks cannot be eliminated without destroying the unique character of this activity. The same elements that contribute to the unique character of this activity can be causes of loss or damage to your equipment or accidental injury, illness or in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for this activity, but we do think it is important for you to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all of those risks:

1. Accidental injury due to use of firearms.
2. Accidental injury due to slips and falls.
3. Accidental injury and/or property damage due to varied terrain and possible extremes in weather conditions.

I am aware that Wingshooting/Deer Hunting entails risks of injury or death to myself. I understand the description of these risks is not complete and that other unknown or unanticipated risks may result in injury or death. I agree to assume responsibility for the risks identified herein and those risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of the risks.

I possess at least the following qualifications, which I understand are prerequisites to participate in this activity:

- A. Experience in handling firearms.
- B. Good physical condition.

I certify that I am fully capable of participating in this activity. Therefore, I assume full responsibility for myself, including my minor children for bodily injury, death and loss of personal property and expenses thereof as a result of those inherent risks and dangers and of my negligence in participating in this activity.

I have read, understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate and for all members of my family, including any minors accompanying me.

SIGNATURE: _____ DATE: _____

UNDER 18, SIGNATURE OF PARENT OR GUARDIAN _____

Please Print:

Email: _____

Name: _____

Phone Number: _____

Address: _____

DNR ID Number: _____

City _____ State _____ Zip _____

Guide: Danny B. Harrison

Guide License No. 46943

Dated: _____

CORONAVIRUS/COVID-19 ASSUMPTION OF RISK & WAIVER OF LIABILITY

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread by person-to-person contact. As a result, federal and state health agencies recommend social distancing and, in many locations, prohibit the congregation of groups of people. I further understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by fishing or hunting on property or boats owned or leased by Danny B. Harrison and/or Harrison's Outfitter Service, LLC (collectively, "Harrisons") and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Harrisons may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Harrisons employees and other participants. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation in any guided or other outfitting experience provided by Harrisons or participation in Harrisons activities. With full awareness and appreciation of the risks involved, I, for myself and on behalf of my family, spouse, estate, heirs, executors, administrators, assigns, and personal representatives, hereby forever release, waive, discharge, and covenant not to sue Harrisons, its members, agents, servants, independent contractors, employees, successors, and assigns (collectively the "Released Parties") from any and all liability, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, or injury, including death, that may be sustained by me related to COVID-19 whether caused by the negligence of the Released Parties, any third-party using Harrisons, or otherwise, while participating in any activity while in, on, or around Harrisons and/or while using any Harrisons facilities and regardless of whether a COVID-19 infection occurs before, during, or after participation in any Harrisons services. I hereby authorize Harrisons to act for me, according to their best judgement, in any medical emergency.

All participants will have no-touch temperature check onsite. Temperature: _____

All participants are required to answer the following screening questions prior to participation.

Circle your answer.

- | | | |
|---|-----|----|
| 1. Have you been in recent close contact with a confirmed case of COVID-19? | YES | NO |
| 2. Are experiencing a cough, shortness of breath or sore throat? | YES | NO |
| 3. Have you had a fever in the last 48 hours? | YES | NO |
| 4. Have you experienced new loss of taste or smell? | YES | NO |
| 5. Have you experienced vomiting or diarrhea in the last 24 hours? | YES | NO |

I understand if I fail to meet these criteria, I may be refused entry to Harrisons' properties, boats and services, and will have to reschedule my activity. I hereby state that the information above is true, to the best of my knowledge. I also confirm that the information here is both accurate and complete, and relevant information has not been omitted.

SIGNATURE: _____ Date: _____

Printed Name: _____ DOB: _____ Phone: _____

Address: _____