

WATERFOWL WFS SPECIALISTS M.S.A.O.G., LLC

Professional Outfitting since 1990

WFS, are now Known As Migratory Specialists And Outdoor Group LLC (M.S.A.O.G., LLC)
HUNTING THE MIDWEST

M.S.A.O.G., LLC ATT: SCOTT ROBINSON, P.O. BOX 712, RICHLAND, MI 49083
e-mail waterfowlspecialist@yahoo.com or see www.snowgoosepecialist.com

READ ALL INFORMATION IN THIS ENTIRE PACKET

Print or make copies of this and have everyone in your hunting party fill one out per hunter. M.S.A.O.G., LLC MUST HAVE ENTIRE BALANCE AS WELL AS WAIVERS FOR YOUR PARTY TO BE ABLE TO HUNT. IF YOU HAVE RECEIVED THIS BEFORE JAN. 15TH, YOU MUST GET THIS WAIVER AND INFO. BACK TO M.S.A.O.G., LLC BY THE 10TH OF FEB. AND NOT THE DAY OF YOUR HUNT. IT MUST BE SENT BY MAIL FOR ALL HUNTERS IN YOUR PARTY AND RECEIVED IN OUR OFFICE BY THE 10TH OF FEB. TO BE ABLE TO HUNT ON YOUR SCHEDULED HUNT DATE!

(1 OF 3)

PARTICIPANT AGREEMENT, RELEASE AND ACKNOWLEDGMENT OF RISK

In consideration of the services of M.S.A.O.G., LLC, d.b.a., Waterfowl Specialists, Snow Goose Specialist, WFS Outfitting, and Migratory Specialists And Outdoor Group LLC, and their agents, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity of their behalf (hereinafter collectively referred to as "Migratory Specialists And Outdoor Group", and M.S.A.O.G., LLC) M.S.A.O.G., LLC, and their agents, officers, volunteers, participants, employees, and all the other persons or entities acting in any capacity of their behalf, I hereby agree to release and discharge M.S.A.O.G., LLC, d.b.a. Waterfowl Specialists, on behalf of myself, my children, my parents, my heirs, assigns, personal representative's, executors and estate as follows:

1. I acknowledge that hunting and fishing entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks are essential qualities of the activity. The risks include, among other things: Accidental shootings, or falls to myself, others, and property; trip or fall accidents to myself and others; medical problems from pre-existing conditions such as heart attacks, strokes, blood conditions, etc., known or unknown to M.S.A.O.G., LLC representatives; drowning; destruction or loss of personal property, injury from fire, to myself or others; medical injury's such as back-problems, broken bones, sprains, paralysis, lacerations, contusions, etc., to myself or others. Furthermore, M.S.A.O.G., LLC and or sub-contractors have difficult jobs to perform. They seek safety, but they are not infallible. They might be ignorant of a participant's fitness or abilities. They may give inadequate warnings or instructions, and the equipment being used might malfunction or break.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks to others and myself, I fully understand that hunting and fishing is a dangerous activity.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless M.S.A.O.G., LLC and its representatives from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of M.S.A.O.G., LLC equipment or facilities, including any such claims which allege negligent acts or omissions of M.S.A.O.G., LLC.
4. Should M.S.A.O.G., LLC or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement between myself and WFS or between myself and an outside party, I agree to accept and pay in full such costs of M.S.A.O.G., LLC or its agents.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself. I further certify that I have

(2 OF 3)

no medical or physical conditions, which could interfere with my safety in this activity, and or I am willing to assume and bear the costs of all risks that may be created directly or indirectly, by any such condition.

6. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against M.S.A.O.G., LLC on the basis of any claim from which I have released then herein.

7. I, and my heirs, agree to have given up all rights to bring suit against any landowner involved in said activity for what reason whatsoever. I am of average intelligence and understand that by participation in hunting or fishing activities with M.S.A.O.G., LLC that there is a reasonable and understandable amount of risk and I accept this risk and give up all rights to bring suit against M.S.A.O.G., LLC, and their representatives or any landowner involved in said activity.

- a. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

IF YOU ARE TO PARTICIPATE IN A HUNT OR CHARTER WITH M.S.A.O.G., LLC AND ITS AGENTS, YOU MUST FILL THIS RELEASE OUT AS TO THE BEST OF YOUR KNOWLEDGE, IF IT IS NOT FILLED OUT COMPLETELY OR THERE IS INFORMATION LACKING THAT IN THE EVENT OF AN EMERGENCY OR INJURY THAT COULD BE BENEFICIAL TO YOU OR YOUR GROUPS WELL BEING, YOU WILL NOT HOLD M.S.A.O.G., LLC OR ITS AGENTS RESPONSIBLE FOR THE LACK OF OR COMPLETENESS OF INFORMATION THAT SHOULD HAVE BEEN OR WAS PROVIDED PREVIOUS TO ANY SUCH EVENT. FURTHERMORE, YOU HAVE HAD SUFFICIENT OPPORTUNITY TO COMPLETELY FILL OUT ALL NECESSARY INFORMATION AND YOU HOLD YOURSELF COMPLETELY AND FULLY RESPONSIBLE FOR ANY AND ALL ACCIDENTS OR EVENTS THAT MAY OCCUR TO OR BY YOU, ANYONE IN YOUR GROUP, OR M.S.A.O.G., LLC DURING THE TIME SPENT WITH M.S.A.O.G., LLC, OR THEIR AGENTS. BY YOU SIGNING THIS RELEASE YOU UNDERSTAND THAT YOU HAVE GIVEN UP ALL YOUR RIGHTS TO BRING SUIT AGAINST M.S.A.O.G., LLC, ITS AGENTS, CONTRACTORS, AND THE LANDOWNERS INVOLVED IN ANY ACTIVITY PROVIDED BY OR INVOLVED WITH M.S.A.O.G., LLC.

I also release the right and allow M.S.A.O.G., LLC to reproduce my image in photographs and video and that any such image of myself, M.S.A.O.G., LLC has sole ownership of these rights. I understand that I will not be paid any compensation for this right now or in the future, nor will any of my beneficiary's have the right for compensation now or in the future for photographs or video images of myself taken and used by M.S.A.O.G., LLC and its agents for commercial purposes such as videos, advertisements, or television shows. I understand this loss of rights and I understand that I am not guaranteed that any such images will ever be used by M.S.A.O.G., LLC or any other entities, or that I am entitled to any compensation, whether such footage is used or not used by M.S.A.O.G., LLC in anyway whatsoever.

*By signing this agreement, I also understand that while deer hunting from a tree stand that I will have and use an appropriate safety harness that I own and consider to be safe to use for the purpose it was meant to be used for. I have completely read and understand all 3 pages of this release.

Print Name: _____

Signature of Participant: _____

(If I charged any portion of this trip, or merchandise by credit card thru M.S.A.O.G., LLC, this signature serves as dual representation and authorizes both that charge, as well as this release.)

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

Office Phone: _____ Cell Phone: _____ E-mail: _____

In Case of Emergency Contact: _____ Phone: _____

Medical Insurer and address: _____

Medical History of Participant:

Sex: _____ Do you have any medical conditions? _____ If so, please explain: _____

What can be done for you in case of known medical problem episodes? _____

Any allergies? _____ If so, please explain: _____

Are you taking any medications? _____ If so, please explain: _____

If your medical insurer is not previously listed please explain why: _____

PARENTS OR GUARDIANS ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18) In consideration of _____ (print minor's name) ("Minor") being permitted by M.S.A.O.G., LLC to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless M.S.A.O.G., LLC from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian Print: _____ **Date:** _____

Medical Insurer and address: _____

- Please feel free to provide any additional information regarding your hunt or health that you feel could be beneficial to M.S.A.O.G., LLC or its representatives.

See you soon,

M.S.A.O.G., LLC and their Representatives