



Citizens Militia of Mississippi

Field Training Participation

Waiver & Assumption of Risk

I, _____, hereby fully waive and release CITIZENS MILITIA of MISSISSIPPI, INC. (CMM) from any and all claims for personal injury, property damage, or death that may result from my participation in any and all CMM related activities. _____

I hereby voluntarily, at my own risk and free will, sign this Waiver and Assumption of Risk in sole consideration of being permitted to use the CMM facilities, property and/or training courses. _____

I hereby acknowledge and fully understand the dangers and risks associated with the activities described above, which have been explained to me. I hereby agree to abide by all rules, instructions, policies, and procedures imposed by CMM relating to use of facilities, or property, and/or training courses. _____

By signing this Waiver and Assumption of Risk, I fully assume the dangers and risks, and agree to use my best judgment while engaging in said activities. I further agree to indemnify and hold harmless CMM, its employees, agents, and officer's from and against any and all liability incurred as a result of or in any manner related to my participation in the activities. _____

I hereby certify that I am of legal age and competent to execute this Waiver and Assumption of Risk, that in doing so of my own free will and accord, voluntarily, and without duress, and that I do so intending to bind myself, my executor, my heirs, and administrators or assigns to the fullest extent. ____

I have read and understand the foregoing, and acknowledge my consent to the terms of this Waiver and Assumption of Risk by signing this waiver. _____

PRINT FULL NAME

SIGNATURE

DATE

WITNESS SIGNATURE