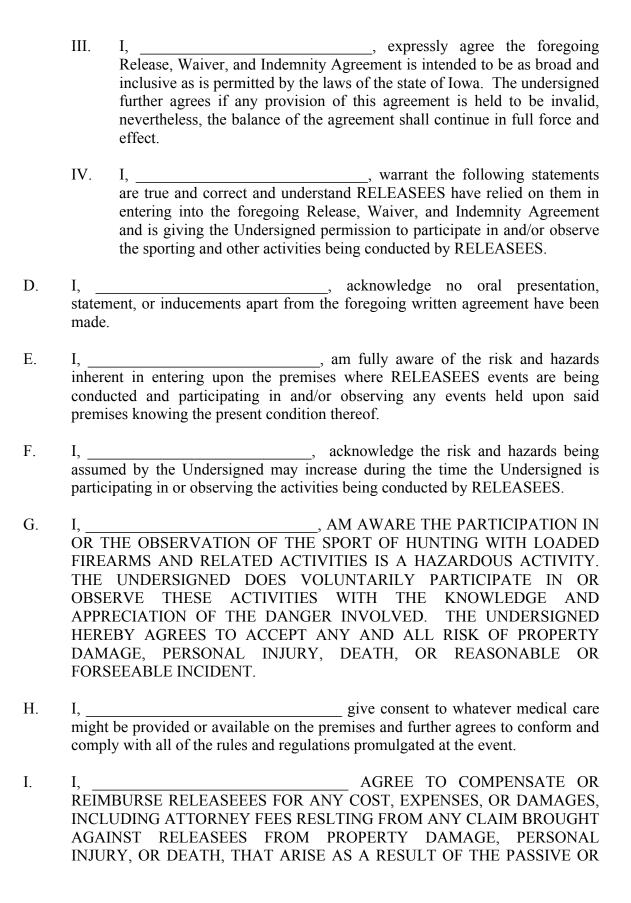
LIABILITY RELEASE

	I, HAVE ACCEPTED	
AND	UNDERSTAND THE FACT THAT IN AND OF ITSELF HUNTING IS A	
DAN	GEROUS ACTIVITY. THE VOLUNTARY USE OF FIREARMS IS	
	GEROUS AND SINCE I HAVE VOLUNTARILY CHOSEN TO HUNT	
AND	OR OBSERVE HUNTING ON SOUTHWEST IOWA OUTFITTERS	
	PERTIES I UNDERSTAND THAT IT IS NECESSARY TO SIGN THIS	
GEN	ERAL RELEASE AND ASSUME ALL RISK REASONABLY OR	
	ERWISE RELATED TO CONSCIOUS CHOICE TO PARTICIPATE IN ACTIVITY.	
	Ihereby acknowledge I have	
volur	I,,hereby acknowledge I have atarily applied to participate in and/or observe the hunting activity with	
SOU'	THWEST IOWA OUTFITTERS LLC, hereinafter referred to as EASEE.	
in or	As LAWFUL CONSIDERATION of being permitted to enter upon the mises upon which this event is conducted or of being permitted to participate or observe activities or otherwise use the facilities, my heirs, distributes, legal resentatives, next of kin, and I agree to the provisions set forth below:	
I.	I,	
II.	I,	
	DAN DAN AND PROI GENI OTHI THIS volum SOUT RELI premi in or repres	



PARTICIPATING IN OR OBSERVING THE HUNTING AND RELATED ACTIVITIES CONDUCTED BY RELEASEES.

J.	I,	HAVE	CARE	FULLY
	READ AND FULLY UNDERSTAND THE COVI	ENANT	NOT T	O SUE
	CONTAINED HEREIN, AND VOLUNTARILY S	SIGN T	HIS RE	LEASE
	WAIVER OF LIABILITY, AND INDEMNITY AGREE	EMENT.		

Should any provision of this Agreement be held invalid, then the balance hereof shall remain in full force and effect.

Notwithstanding anything to the contrary herein, nothing contained in this agreement shall release RELEASEES from any intentional or willful act on its part, which directly causes damage, injury or death to the undersigned.

I am over the age of eighteen (18) years or, I am signing this agreement on behalf of a person under the age of eighteen (18) years, then I covenant I have all legal authority to act on behalf of such person and I bind him or her to the terms of this agreement.

PLEASE PRINT	
Date	
Name	_
Name of Minor, if any	
Address	
Phone Number	
Signature	

SOUTHWEST IOWA OUTFITTERS LLC.

Authorization for Medical Treatment

I, The undersigned, do hereby authorize any SOUTHWEST IOWA OUTFITTERS employee or agent of SOUTHWEST IOWA OUTFITTERS who is with me at my outing on the Ranch to act as my agent(s) in an emergency or life threatening situation when it is not feasible to contact the emergency contact listed below, with power and consent to any x-ray examination, anesthetic, medical or surgical diagnosis, procedure, treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician or other licensed provider of health care, whether such diagnosis, procedure, or treatment is rendered at the office of the physician or health care provider, at a hospital, or at the Ranch. Such authority shall be granted only to the extent that I am not capable of making such care decisions for myself.

I understand that this authorization is given in advance of any specific procedure, diagnosis, treatment or hospital care being required and is given to provide authority and power on the part my aforesaid agent(s) to give specific consent to any such procedure, diagnosis, treatment or hospital care which the aforementioned physician or health care provider in the exercise of his/her best judgment may deem advisable.

This authorization shall be effective throughout the duration of my outing at the Ranch, including my transportation to and from the Ranch to the extent that such transportation is provided via vehicles owned and operated by SOUTHWEST IOWA OUTFITTERS.

I have read and understood this document and I am signing it voluntarily and with full knowledge of it significance.

Signature of Participant:	Date:
Printed Name:	
Emergency Contact:	
Name:	Telephone: