

**Hunting Orientation**

Date: \_\_\_\_\_

By Committee Member: \_\_\_\_\_

(Please review all areas for new personnel;  
**Bold** and **red** areas for continuing personnel.)

**HOOSIER ENERGY R.E.C., INC.**

**Waiver of All Claims**

(8/1/16-7/31/17)

In consideration of receiving permission from Hoosier Energy Rural Electric Cooperative, Inc. ("Hoosier") to exercise the privilege of hunting or fishing on land privately owned by Hoosier and designated as open to hunting or fishing, as the case may be, I hereby waive and forever discharge and release Hoosier, its employees, agents, and contractors from any and all claims or actions, including those specifically based on or arising from the negligence of Hoosier (or its employees, agents, or contractors), for damage to property or personal injury or death to myself or any other person arising in any way from my presence on the property of Hoosier.

For the same consideration, I hereby further indemnify and hold Hoosier, its employees, agents, and contractors harmless against any claims or actions (including attorney fees expended in the defense of any such claims or actions) brought against Hoosier or such employees, agents, or contractors for property damage, personal injury or death of any person which results in whole or in part from my actions or inactions while on Hoosier's property, whether or not said claims and actions are based on negligence or not and whether or not said claims and actions are alleged to result in whole or in part from Hoosier's negligence.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, (year)\_\_\_\_\_.

\_\_\_\_\_  
Signature of Permittee

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
**Hoosier Energy Employee You are Related To:**

\_\_\_\_\_  
**Relationship to Hoosier Energy Employee:**

**Notes:** 1) **Must be signed once per year for all Hoosier Energy employees and authorized family members accompanying the employee for fishing intake or employee recreation area.**

2) **For hunting property, orientation must be administered by a committee member at which time a waiver of claims will be signed.**