WAIVER AND RELEASE

I, _____ (name of guest), intend to visit property belonging to CN Ranch, L.P. located in Johnston County, Oklahoma. While at said property I will participate in certain activities (hereinafter the "Activities"). I fully understand and agree that some or many of the Activities will *involve a high element of risk and high degree of danger*. I also understand that the Activities will involve the use and firing of firearms/archery by various individuals.

I certify that I am cognizant of the inherent dangers associated with the Activities. I understand that CN Ranch, L.P, Orbital Management, L.L.C., Grant Gilliland and family, Chris Green, Keith McGuire, Phillip Fourie, Graham Sales, Trident Response Group, DSG Arms, TrackingPoint and any other participant in activities at CN Ranch and their partners, members, officers, vendors, related parties, family members, and agents, may not be held liable in any way for any occurrence in connection with my participation in the Activities, which may result in any injury, harm, claim, cause of action, or other damage to me or my family. As part of the consideration for my participation in the Activities, I hereby forever release, discharge, and agree to hold harmless, CN Ranch, L.P, Orbital Management, L.L.C., Grant Gilliland and family, Chris Green, Keith McGuire, Phillip Fourie, Graham Sales, Trident Response Group, DSG Arms, TrackingPoint and any other participant in activities at CN Ranch and their partners, members, officers, vendors, related parties, family members, and agents from any and all claims related to any injury, damage, or harm which may befall me while I am present at the above stated property or while participating in the Activities. I specifically agree to save and hold harmless the above from any claim by me, my family, or any other related party in regard to same.

In case of emergency, I hereby give my permission to any adult present to secure proper medical treatment, including hospitalization, anesthesia, surgery, or injections of medication. Medical providers are authorized to disclose examination findings, test results, and treatment provided for the purpose of medical evaluation of me, follow-up and communication with my family or guardian, and or determination of my ability to continue participation in the Activities.

This waiver and release shall deemed performable in and construed in accordance with the laws of the State of Texas and venue in regard to the enforcement of or any other action in regard to same shall be exclusively in Dallas County, Texas. This waiver and release may be executed by a digital or electronic signature and any such signature shall have the same force and effect as a handwritten signature. This waiver and release shall remain in effect during each visit I make to the above described property.

Date / / 20__

Signature

Printed Name

Minor Guest:

In the event that the person named above is a minor, the below named parent or legal guardian hereby executes this Waiver and Release on behalf of said minor for the consideration stated herein.

Minor 1

Minor 2

Minor 3

Minor 4

Signature of Parent or Guardian

Printed Name of Parent or Guardian