

**RELEASE, WAIVER, INDEMNIFICATION AND
HOLD HARMLESS AGREEMENT**

I, my agents, assigns, executors, or administrators, for the consideration of being allowed to enter, rent and use the facilities of the **Caledonia Sportsman's Club**, and for other valuable consideration, do hereby absolutely and unequivocally agree to release and hold harmless **Caledonia Sportsman's Club**, it agents, employees, officers, assigns and successors from any claim, demand or liability, whether claimed by myself or another, arising out of any injury, loss or disability connected with the above use of facilities and services. It is the express intent of this Release and Waiver of Liability that **Caledonia Sportsman's Club** will not be responsible for any negligence or other liability and that all risks involved in connection with the use of the premises, whether known or unknown, are expressly assumed by the user.

I understand that there are inherent and other risks involved in the use of firearms. I freely assume those risks, including the risk of serious injury or death.

I will immediately obey any and all safety directives or warnings given to me by any Charter Member/Range Safety Officer/Employee of the **Caledonia Sportsman's Club**. I further agree that if I fail to immediately obey any directives, I will remove myself and my belongings from the premises unless asked to remain pending the arrival of law enforcement personnel.

I warrant I am not legally restricted from possessing firearms.

I warrant I am not under the influence of drugs or alcohol.

I warrant I am legally competent to sign this release.

I understand that lead is a hazard of any shooting activity. Shooting, cleaning firearms or even just handling firearms and ammunition can result in exposure to lead and other hazardous substances. I understand and accept these risks.

I hereby acknowledge and agree that I have read this instrument and understand its terms and am executing this instrument voluntarily. I furthermore acknowledge and agree that I have read, understand and will at all times abide by all range rules and procedures. I also understand that hearing and eye protection (even while using a scope) are mandatory on all ranges at all times. I also agree to present legal and valid identification.

PLEASE PRINT YOUR NAME CLEARLY:

Name: _____
Last Name First Name Middle Initial

Address: _____
Street City State ZIP

Phone: _____
Home Cell

Emergency Contact: _____ Cell No.: _____

CUSTOMER SIGNATURE: _____ Date: _____