

# FITZGERALD-BEN HILL DEPARTMENT OF LEISURE SERVICES

## Shooting Range

### RELEASE OF LIABILITY FOR PARTICIPANTS -- READ BEFORE SIGNING

IN CONSIDERATION OF \_\_\_\_\_, being allowed to participate in  
(Print Name)

Any way in the DLS Shooting Range program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to self from activities involved in this programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury and/or death does exist; and,
2. FOR MYSELF, SPOUSE, FAMILY AND GUEST(S), I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE OWNER/OPERATOR or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my readiness for participation and/or in the program itself, I will remove myself from the participation and bring such attention to the D.L.S. Director immediately; and,
4. I myself, my spouse, my family and guest(s), and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE other participants, sponsoring agencies, sponsors, advertisers, and owners and lessors of premises used to conduct the event, WITH RESPECT TO ANY AND ALL INJURY, disability, death ,or loss or damage to person or property incident to my involvement or participation in this program, whether arising from the negligence of the owner/operator or otherwise, to the fullest extent permitted by law.
5. I, for myself, my spouse, my family and guest(s), and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above from any and all liabilities, including medical payments, incident to my involvement or participation in this program, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

X \_\_\_\_\_  
(Participant Signature)

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

FEE: In Ben Hill County - \$60.00 a year – Outside Ben Hill County - \$110.00 a year (Based on primary residence)  
No prorating fees.