



PARTICIPANT AGREEMENT, RELEASE, AND ACKNOWLEDGEMENT OF RISK

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against SSR on the basis of any claim from which I have released them herein.

If I break safety protocol and/or range rules, causing damage to the range, range equipment or rental firearms, I will be monetarily responsible for repairs to the range or firearm.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms. I agree that if any portion of this agreement is found to be void unenforceable, the remaining portion shall remain in full force and effect.

Signature _____ **Date** _____

Print Name _____

Address _____

City, State, Zip _____

Phone _____ **E-mail** _____

- No, I do not want to sign up to receive Skagit Shooting Range emails regarding events, classes, and promotions.

Safety Verification for Shooting Participants

Shooting participants are required to know and practice safe firearm handling, and to observe range rules as posted. If you require assistance, please advise us at the registration desk. Please check one:

- I am experienced with safe gun handling practices and can handle a firearm safely without assistance.
- I am not experienced with firearms.

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by SSR to participate in its activities and to use its equipment and facilities. I further agree to indemnify and hold harmless SSR from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent/Guardian Signature _____ **Date** _____

Print Name _____