WAIVER OF LIABILITY, RELEASE, ASSUMPTION OF RISK & INDEMNITY AGREEMENT

Data

	Date.			
Name:(Last)		(First)		(Middle)
Date of Birth:	<u> </u>			
Mailing Address:				
City:	State:	Zip:	Phone:	
Email:				

This is a release and waiver of claims which, when signed, legally waives any potential claims against WORTH COUNTY BOARD of COMMISSIONERS, WORTH COUNTY, the SHERIFF OF WORTH COUNTY and the WORTH COUNTY SHERIFF'S OFFICE (hereinafter referred to jointly as "Released Parties") that may arise in connection with your participation in activities at WORTH COUNTY SHERIFF'S OFFICE FIRING RANGE located at 142 Binns Lane, Sylvester, Georgia 31791 (herein after "Firing Range").

PLEASE READ CAREFULLY BEFORE SIGNING.

In consideration of the opportunity afforded to me to participate in activities at the Firing Range, I, the undersigned, on behalf of myself, my heirs, executors, and assigns, do freely agree to the following:

I fully understand the risk associated with the participation in shooting activities at the Firing Range, and do hereby, and for my heirs, executors, and assigns knowingly, freely and voluntarily assume all risk and liabilities for any damage, injury, or death to me, my person or property that may occur as a result of my participation in any firearm activities at the Firing Range, and do hereby release, discharge, and covenant not to sue the Released Parties, their partners, officers, employees, agents, and volunteers, and do hereby waive and discharge all claims for damages that I might have against the Released Parties as operator or owner of the Firing Range as well as their partners, officers, employees, agents, and volunteers for any reason, including negligence, and agree to indemnify and hold harmless the Released Parties their partners, officers, employees, agents, and volunteers from and against any and all claims, damages, and judgments of whatever nature, including attorney's fees, that may be asserted or entered against any of the Released Parties in connection with my participation in any activity at the Firing Range.

I have read this Release and Waiver of Claims and fully understand its terms, and understand that I have waived substantial rights by signing this release, and I have signed it freely without inducement, coercion, or assurance of any nature, and intend it is to be a complete and unconditional release of any and all liability, and agree that, if any portion of this waiver and release of claims is held invalid by a court of competent jurisdiction, any portion not being held invalid shall remain in full force and effect.

I acknowledge that firing ranges and the use of firearms involves significant and substantial risks, and I freely assume all risk, including the risks of serious personal injury, death or permanent disability arising from my participation in the Firing Range activities and training, including accidents, falls from uneven terrain, explosions, misfires, ricochet of bullets or pellets, hearing damage, as well as all other risks. I acknowledge that this firearms training is a voluntary event and the I am free to withdraw or leave at any time.

INITIAL	I hereby swear and affirm, under penalty of law, that I am NOT a convicted
	felon, NOR have I been convicted of any crimes involving domestic violence
	and my possessing or the shooting of any firearm at the Firing Range is NOT a violation of any state or federal law.

In addition to reading this release, I affirm that I have also read the Firing Range rules and fully understand that if anytime I fail to follow these guidelines or the orders of the range officers, my privilege to use these facilities may be denied or revoked.

	Print Name of Applicant		
	_ Signature of Applicant		
Kannetha C. Clem	_Print Name of Notary	THING THA C C	
	_ Signature of Notary	HOTARY	
My Commission Expires May 3, 2025		PUBLIC	

