

RELEASE FROM LIABILITY AND ASSUMPTION OF RISK

STATE OF ALABAMA)
COUNTY OF JEFFERSON)

THIS IS A RELEASE FROM LIABILITY AND ASSUMPTION OF RISK. In consideration for being allowed to enter the premises and to view or participate in the activities of Central Alabama Firearms Training LLC , Irondale Police Department, City of Irondale, Trussville Police Department or The City of Trussville,known hereafter as Range Operators I, the undersigned, hereby release, remise, and forever discharge and agree to defend and hold harmless and indemnify Range Operators, and their respective owners, officers, directors, agents, employees, successors, and assigns, of and from all liability, claims, demands, causes of action, and possible causes of action whatsoever, arising out of or related to any loss, damage, or injury (including death) that may be sustained by me (or my minor child), while in, on, en route to, from, or out of said premises from any cause whatsoever.

In signing this, I acknowledge my understanding and appreciation of the inherent dangers and risks associated with the activities that I (or my minor child) will be participating in with the Range Operators,. I am particularly cognizant of the risks and dangers associated with the use of firearms. I assume as my personal risk all the hazards of shooting activities and do hereby fully and irrevocably release and forever discharge Range Operators, and their respective owners, officers, directors, agents, employees, successors, and assigns, from any and all claims, demands, actions, losses, and/or liability of an kind, nature or description that may be sustained by me (or my minor child).

I hereby assume as my sole personal responsibility any and all costs incurred as a result of my (or my minor child's) actions or in my (or my minor child's) behalf for rescue efforts and all medical emergencies.

In signing this Release From Liability and Assumption of Risk, I represent that I have read this document, understand it, and sign it voluntarily. I acknowledge that this Release From Liability and Assumption of Risk shall be effective and binding upon me (or my minor child). I agree that this Release From Liability and Assumption of Risk is made and performed in Jefferson County, Alabama, and is to be governed by Alabama Law.

PRINT NAME: _____ DATE: _____

SIGNATURE: _____ WITNESS: _____
(Participant)

SIGNATURE: _____ WITNESS: _____
(Guardian)

(Parent/legal guardian must sign for persons under the age of 18.)