



SOUTH METRO PUBLIC SAFETY TRAINING FACILITY

2019 Participant Waiver and Release Form (Please read carefully)

The undersigned, for and in consideration of using the South Metro Public Safety Training Facility (the Facility), hereby consents and agrees to the following:

- 1) I agree that my participation and use of the Facility is voluntary. I know and am aware of all the dangers associated with my participation and use of the Facility and acknowledge that it is NOT an essential service provided by the Facility or its partnering organizations. I understand that shooting firearms is dangerous. I acknowledge that I may be exposed to lead and airborne lead particles. I further acknowledge that no matter what precautions I may take, including but not limited to the wearing of various types of protective gear (including hearing and eye protection), that I could experience injury of a very serious nature and/or die as a result of an accident or incident.
- 2) I agree that I will abide by all rules and regulations governing the use of the Facility and will comply with all local ordinances, and state and federal laws. I acknowledge that I have received and reviewed the Facility Rules and Regulations (available on-site and on-line at **(southmetro.training)**). I understand that the Facility is authorized to terminate my use of the Facility at any time for a violation of the Facility Rules and Regulations, or for any other reason within the discretion of the Facility.
- 3) I have determined that by professional standards, my shooting equipment, ammunition and all corresponding items are in good condition and suitable for the shooting contemplated by this Waiver and Release.
- 4) In consideration of being allowed to use the Facility, I personally assume all risks, whether known or unknown, associated with my participation and use of the Facility.
- 5) I hereby release the Facility, its partnering organizations and their officials, employees and agents, from and against any and all claims, liabilities and damages caused in whole or in part by my use and occupancy of the Facility and resulting in harm, death, injury or other damage to me. This waiver and release does not waive liability for any injuries that I obtain as the result of willful, wanton or intentional misconduct by the Facility or any person acting on behalf of the Facility.
- 6) I agree to indemnify, defend and hold harmless the Facility, its partnering organizations and their officials, employees and agents, from any and all claims, causes of action, lawsuits, damages, losses, or expenses, including attorney fees, arising out of or resulting from my use and occupancy of the Facility. It is my express intent that this Waiver and Release shall bind the members of my family, if I am alive, and my heirs, assigns and personal representatives if I am deceased.
- 7) I further state that I understand that the terms herein are contractual and not a mere recital and that I sign this document as my own free act.

I have fully informed myself of the contents of the South Metro Public Safety Training Facility Affirmation and Release Statement by reading it before I signed it.

PLEASE PRINT CLEARLY

Name: _____ Age: **Over 18** _____ **Under 18** _____

Address: _____ City: _____ State/Zip: _____

Phone: _____ E-Mail*: _____

*optional (notifications sent only when we will be closed or when classes are offered).

Signature: _____ Date: _____

(Parent/guardian signature required for persons under the age of 18)

Do you wish to be enrolled in the REWARDS PROGRAM?

YES

NO

- **For every \$140 purchased, \$20 will be placed in your account to be spent at the range.**
- **Rewards program members will receive a member card.**
- **Show your card to the cashier and you will not need to complete a waiver form for each visit.**