

Waiver and Release Agreement

Please read carefully before signing.

This is a release of liability and waiver of certain legal rights.

In consideration of my being permitted to participate in the activities of EAST ZION SHOOTING EXPERIENCE, I agree to the following Waiver and Release:

I acknowledge that the use of firearms has inherent risks, hazards, and dangers for anyone, that cannot be eliminated, particularly in an outdoor environment. I UNDERSTAND THAT THESE RISKS, HAZARDS, AND DANGERS INCLUDE WITHOUT LIMITATION:

1. The risk of handling firearms and being near others that have firearms in their possession;
2. The risk of ear damage from noise;
3. The risk of injury or death from ammunition, clay targets, target throwers, and projectiles fired from other guns;
4. Traveling to and walking in rugged country, including encounters with wildlife, animals, and insects;
5. Inclement weather conditions;
6. Difficult driving conditions.

For eye and ear protection, we recommend the use of protective eye glasses and earplugs or earmuffs. If you do not, you are doing so at your own choice.

For the safety of all parties, you agree to participate while not under the influence of alcohol or any other substance that may impair judgment, attention, or reaction.

I understand the risks, hazards, and dangers as described above and have had the opportunity to discuss them with the staff of EAST ZION SHOOTING EXPERIENCE. I understand that these activities may require good physical conditioning and a degree of skill and knowledge. I believe that I have that good physical conditioning and the degree of skill and knowledge necessary for me to engage in these activities safely. I understand that I have responsibilities. My participation in this activity is purely voluntary. No one is forcing me to participate and I elect to participate in spite of the risks. I AM VOLUNTARILY USING THE SERVICES OF EAST ZION SHOOTING EXPERIENCE WITH FULL KNOWLEDGE OF THE INHERENT RISKS, HAZARDS, AND DANGERS INVOLVED AND HEREBY ASSUME AND ACCEPT ANY AND ALL RISKS OF INJURY, PARALYSIS, OR DEATH.

Lastly, I, for myself, my heirs, executors, and subrogees, hereby KNOWINGLY AND INTENTIONALLY WAIVE AND RELEASE, INDEMNIFY, AND HOLD HARMLESS EAST ZION SHOOTING EXPERIENCE, their directors, officers, agents, employees and volunteers from and against any and all claims, actions, causes of action, liabilities, suits, expenses (including

reasonable attorneys' fees) which are related to, arise out of, or are in any way connected with my participation in this activity including, but not limited to, NEGLIGENCE of any kind or nature, whether foreseen or unforeseen, arising directly or indirectly out of any damage, loss, injury, paralysis, or death to me or my property as a result of my engaging in these activities or the use of these services or equipment, whether such damage, loss, injury, paralysis, or death results from negligence of EAST ZION SHOOTING EXPERIENCE or from some other cause. I, for myself, my heirs, my successors, executors, and subrogees, further agree not to sue EAST ZION SHOOTING EXPERIENCE as a result of any injury, paralysis, or death suffered in connection with my use and participation in the activities of EAST ZION SHOOTING EXPERIENCE.

I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER AND RELEASE AGREEMENT.

Date: _____

Signature: _____

Print Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone Number: _____

I certify that I am not currently impaired in any way by the use of any chemical substance (including alcohol, legal or illegal drugs, or anything else) that would affect my safe participation in this shooting experience.

Signature: _____ Date: _____

I have been offered the use of eye and ear protection, but I waive the use of the provided eye and/or ear protection.

Signature: _____ Date: _____

If under eighteen (18) years of age, parent, guardian, or custodian must sign the following indemnification:

INDEMNIFICATION

In consideration for the above minor being permitted by EAST ZION SHOOTING EXPERIENCE to participate in the activities provided, including without limitation, the use of its services and equipment, I agree to the following waiver, release, and indemnification:

The undersigned parent, guardian, or custodian of the above minor, for himself/herself and on behalf of said minor, hereby joins in the foregoing Waiver and Release and hereby stipulates and agrees to save and hold harmless, indemnify, and forever defend EAST ZION SHOOTING EXPERIENCE, their directors, officers, agents, employees, and volunteers from and against any claims, actions, demands, expenses, liabilities (including reasonable attorneys' fees), and NEGLIGENCE made or bought by said minor or by anyone on behalf of said minor, as a result of said minor's participation in the activities of EAST ZION SHOOTING EXPERIENCE and his or her use of the property, equipment, and facilities of EAST ZION SHOOTING EXPERIENCE. I, for myself and on behalf of said minor, further agree to not sue EAST ZION SHOOTING EXPERIENCE as a result of any injury, paralysis, or death that said minor suffers in connection with his/her participation in the activities of EAST ZION SHOOTING EXPERIENCE.

Date

Signature of Parent, Guardian, or Custodian of Minor

Print Name of Parent, Guardian, or Custodian of Minor

Print Name of Minor

Date

Witness