

SHASTA COUNTY PEACE OFFICERS ASSOCIATION



Release of Liability

I, the undersigned, in consideration for the use of a firearm range at Record Range, 9880 Record Range Road, Redding, CA, agree to release any and all liability claims which may result from the use of the firearm range due to injury or damage regardless of whether such claims arise as a consequence of the simple or gross negligence, willful or wanton conduct, or recklessness of said property owners or other participants. Said release from liability shall insure to the benefit of the Shasta County Peace Officers Association, the board of director's, employees, volunteers and any members(s) of the Shasta County Peace Officers Association.

I understand certain dangers and risk may arise from my participation in shooting a firearm, including, but not limited to, gunshot wounds, lacerations, falls, cuts, insect bites, insect-borne diseases, snake bite(s), broken bones, injuries to the eyes or face, death, or other personal injuries which may arise as a direct or indirect result of being upon the property and participating in shooting activities. I further understand and accept these risks, I will be solely responsible for my own safety and well-being, and expect no affirmative action from the property owners.

I further acknowledge and understand that:

1. I will follow all posted rules to any range I am using.
2. I will not consume any alcohol or drugs prior to or during the use of any range.
3. I will use and wear all appropriate safety equipment. My failure to do so increases my risk of injury.
4. I have been allowed to inspect the range/property and accept such in its present condition.
5. The execution of this document will bar any claim or lawsuit for injury or death.

Signed this _____ day of _____, 20__

Members Printed Name

Members Signature

Participant's Printed Name

Participant's Signature

Physical Address City State Zip Code

(_____) _____
Contact Phone

Parent/Guardian Printed Name *

Parent/Guardian Signature

Same as Above

Parent/Guardian Physical Address City State Zip Code

***Parent / Guardian signature required on all participants under 18 years old.**

This document will remain in effect so long as I participate in shooting activities upon this property or until it is revoked in writing and such writing is delivered to the Board of Directors of the Shasta County Peace Officers Association by first-class certified mail, return receipt requested.

Rev. 09/2013