

ABSA Event Liability Waiver

Member Name: **Badge #:** **Date:**

Name of Guest:

Full Address:

As a guest at Alder Brook Sportsmen's Association ("ABSA"), I fully understand and appreciate the dangers, hazards, and risks inherent in a firing range, including the inherent risks associated with the use and misuse of firearms and hazardous materials. I acknowledge and understand that I will be voluntarily engaging in activities that involve the discharging of firearms which may result in the risk of serious injury, scarring, loss of an important bodily function, permanent disability, or death, and may cause severe social or economic losses due to not only my own actions, inactions or negligence, but also to the actions, inactions or negligence of others, or conditions of the premises or of any equipment used. Further, I acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time. I assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability, or death. I release from, waive and discharge all actions, claims, or demands that I, my assignees, heirs, guardians, and legal representatives now have or hereafter have for damage or losses on account of injury, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligence or other acts of ABSA and its members, guests, directors, officers, employees or agents, as a result of my participation in any gun-related activities. I hereby agree and covenant to save and hold harmless, indemnify, and defend any claim against ABSA, and its members, guests, directors, officers, employees or agents, because of my participation in any gun-related activities, or arising out of my use of the range at ABSA. I understand that, if I have been convicted, imprisoned, dishonorably discharged from the armed forces or prohibited from possessing a firearm, I will not be allowed onto ABSA property.

Parent/Guardian of Minors

I agree (if parent(s) or legal guardian(s) of minor participants (age 17 and below)) to instruct the minor participant(s) in the above warnings and conditions and their ramifications, and consent to participation by the minor(s).

Minor Name(s):

I HAVE CAREFULLY READ THE ABOVE WAIVER AND RELEASE OF LIABILITY AND FULLY UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND I DO SIGN IT VOLUNTARILY. I AGREE TO PARTICIPATE KNOWING THE RISKS AND CONDITIONS INVOLVED AND DO SO ENTIRELY OF MY OWN FREE WILL. I ACKNOWLEDGE RECEIVING A COPY OF THE RULES AND REGULATIONS OF THE RANGE AND AGREE TO ABIDE BY THEM.

Name/Date of Event:

Guest Signature:

Member Signature: