Guilford Sportsmen's Association



Hart Road Guilford, CT 06437

WAIVER, RELEASE OF CLAIMS AND HOLD HARMLESS

READ BEFORE SIGNING

handling and use of all firearms, air guns, archery, or other equipment, AND/OR I WILL BE RECEIVING TRAINING IN THE SAFE HANDLING AND USE OF ALL FIREARMS, AIR GUNS, ARCHERY OR OTHER EQUIPMENT AND AGREE TO FOLLOW ALL INSTRUCTIONS BY THE PERSONS(S) CONDUCTING THE PROGRAM, WHICH I WILL HANDLE OR USE WHILE AT THE Guilford Sportsmen's Association, 501 Hart Rd. Guilford, CT 06437.

If I am using firearms, I certify that I am not a convicted felon, nor a person prohibited from lawfully possessing firearms. I further affirm that I am either receiving instruction and enrolled in a class sponsored by Guilford Sportsmen's Association or hold one or more of the following: (1) a valid CT State Permit to Carry Pistols and Revolvers, (2) other valid state issued firearms permit, (3) am a sworn Police Officer or Federal Agent with appropriate identification, or (4) have taken the NRA Basic Pistol class and have the certificate available for inspection. Any person shooting under my supervision is known to me to be a person who is not prohibited from doing so by any law or regulation.

I acknowledge that hunting, shooting (whether by firearm or bow and arrow) and fishing are considered by many to be activities of a dangerous nature and that the risk of injury from these activities is significant, including the potential for serious bodily injury, including death and property damage. I am fully aware of the risks and hazards associated with participating in these activities and I voluntarily and without any inducement, elect to participate in the activity.

I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, AND ASSUME FULL RESPONSIBILITY FOR ANY PROPERTY DAMAGE, OR ANY PERSONAL INJURY, INCLUDING PERMANENT DISABILITY OR DEATH, THAT MAY BE SUSTAINED BY ME OR ANY LOSS OR DAMAGE TO PROPERTY OWNED BY ME AS A RESULT OF BEING ENGAGED IN SUCH ACTIVITY.

I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual, significant hazard during my presence or participation, I will remove myself from participating and bring such to the attention of the nearest official immediately.

I agree to obey all range and committee rules, and ammunition restrictions, at all times. I acknowledge that eye and ear protection is always mandatory in the ranges. I agree that handling firearms may only occur at the firing line.

I hereby consent to medical treatment in case of emergency. I agree to assume full responsibility for payment of any and all fees incurred as a result of such medical treatment.

I, the undersigned person, on behalf of myself, my agents, assigns, executors and/or administrators, do hereby absolutely and unequivocally agree to release, indemnify, and hold harmless, Guilford Sportsmen's Association,

their agents, employees, officers, members, managing members, instructors, guest instructors, staff, assigns and successors, individually or by any entity which may hold title to and/or manage the property, from any claim, demand, or liability whether claimed by the undersigned or by a third party, including any person supervised by me, by reason of my action or inaction, arising out of any injury, loss, or disability connected with the above use of the facilities and services, to the fullest extent of the law. It is the express of this Release and Waiver of Claims that Guilford Sportsmen's Association will not be responsible for any negligence or other liability and that all risks involved in connection with the use and premises, whether know or unknown, are expressly assumed by the undersigned. This waiver includes but is not limited to:

- Claims related to hearing loss; Claims related to damage to eyesight; Claims related to ricochets and or splash backs; Claims related to defective ammunition; Claims related to exposure to lead; Claims related to risks during pregnancy; Claims related to injury to minors; Claims related to use of firearms by others; Claims related to personal injury; Claims related to permanent disability or wrongful death; Claims related to property damage.
- On behalf of the undersigned minors, which I hereby affirm I have the lawful right to sign this waiver and release of claims on their behalf.

BY SIGNING BELOW, I CERTIFY THAT I HAVE READ, UNDERSTOOD AND AGREE TO ABIDE BY THE RANGE RULES, TO THE TERMS OF THIS RELEASE AND WAIVER OF CLAIMS, AND AFIRM THAT I AM NOT UNDER THE INFLUENCE OF ANY DRUGS OR ALCOHOL, AND HAVE BEEN OFFERED THE USE OF EYE AND EAR PROTECTION in the event of any dispute I consent to the *in personam* jurisdiction and law of the State of Connecticut and to the venue in the Superior Court, Judicial District of New Haven, State of Connecticut.

NAME	SIGNATURE	DATE	
Names of any pe	ersons that will be handling firearn	as under my direct supervision:	
Name	Age	Signature	