



# **FIRING RANGE WAIVER**

## **WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

**In consideration of the privilege of being present at and shooting firearms on the Howell's Firing Range, I hereby release and discharge Howell's Gun Shop, its affiliated companies, an its directors, shareholders, officers, employees, agents and other representatives (collectively, the "Released Parties") from all liability and any other obligation that may result from any property damage or bodily injury, including death, that I may suffer as a result of my presence at or activities on the Howell's Firing Range. I intend the foregoing release to be complete and comprehensive waiver of liability for any damage or injury that I may suffer while present in the Howells facility, whether caused any of the Released Parties or by bystanders or other participants in activities at the Howell's Firing Range. The foregoing release (a) applies to any property loss or damage or bodily injury that results from my presence in Howell's facility, the use of a rental firearm or safety equipment that I rent or borrow from Howell's; and (b) does not apply to property damage or injuries sustained by me as a result of the gross negligence or intentional misconduct of any of the Released Parties.**

I am aware of the danger associated with use firearms on a firing range, including the risk of injury that may result from my presence at and use of firearms on the firing range. I am also aware of the risk of injury that results from my handling and use of lead-based ammunition. I hereby assume all of those risks and agree not to hold any of the Released Parties responsible for any property damage or bodily injury that a result from my assumption of those risks.

I confirm that I am legally permitted to possess and use firearms in the Howell's Firing Range and elsewhere. I acknowledge that I have been trained in the safe use of each firearm that I will use in the Howell's Firing Range. I will seek additional training or assistance from Howell's personnel should I become unsure about how to handle or use any firearm in a safe manner.

I will indemnify, defend and hold Howell's harmless from liability for any claims for property damage or bodily injury that allegedly result from my acts or omissions while present in the Howell's facility.

I acknowledge that I have read the Range Rules for the Howell's Firing Range, that I understand those rules an that I agree to comply with them as a condition to my presence at, and participation in activities on the Howell's Firing Range. I understand that the Firing Range rules may change from time to time. I agree to comply with all revisions of those Rules.

\_\_\_\_ User Initials  
\_\_\_\_ Parent/Guardian Initials



I also acknowledge that any firearm and all ammunition that I have in my possession or under my control while present in any Howell's facility, including the Firing Range and the retail area, are subject to inspection at any time.

This Release will be effective for one year after the date shown beneath my signature below. It will apply each time I am present at any Howell's facility, including the Firing Range. I acknowledge that I will not be permitted to be present on the Howell's Firing Range at any time that the Release is not effect.

**MY DATE OF BIRTH IS:** MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

I am \_\_\_ 18 years of age or older **OR** I am \_\_\_ under age 18. If I am a minor, my parent or legal guardian has signed this Release i the space next to my signature line below. My parent or legal guardian must be present with my any time that I am present on the Howells Firing Range. I acknowledge that I will not be permitted to use Howell's Firing Range unless I am accompanied by my parent or legal guardian.

Intending to be legally bound, I am signing this Release below.

**FIRING RANGE USER**

**PARENT/LEGAL GUARDIAN**

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Dated: \_\_\_\_\_, 201\_\_\_\_ Dated: \_\_\_\_\_, 201\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email(Optional): \_\_\_\_\_ Email(Optional): \_\_\_\_\_

Check for permission to send emails

Check for permission to send emails

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_ User Initials  
\_\_\_\_ Parent/Guardian Initials