

NORTHERN ARIZONA SHOOTING FOUNDATION

WAIVER OF LIABILITY RELEASE, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

I/we, _____, wish to engage in firearms shooting at Northern Arizona Shooting Range.
Print participant
Print Guardian if participant under 18 years of age.

I/we understand that engaging in these activities may be hazardous, with accompanying risks of personal injury, death and/or loss or damage to my/our property. In consideration of my participation in such shooting activities, I/we, on my/our own behalf and that of my heirs, successors, representatives, administrators and assigns, hereby:

- 1. Waive and completely release any and all past, present or future claims, causes of action, suits, rights, damages, costs, expenses or obligations or demands of any kind whatsoever I/we, or anyone on my/our behalf might have against Northern Arizona Shooting Foundation, Inc., its parent, affiliates, subsidiaries or successors and their respective officers, directors, servants, employees, agents, representatives and contractors (together "NASF"), for any loss, damage, personal injury, death, infectious disease (including but not limited to COVID-19) and/or loss or damage to my/our property resulting from my/our participation in such shooting activities;
2. Agree to indemnify, defend and hold harmless NASF from any and all claims by any person, firm, corporation or others, for any damages, loss or claims, of any nature, arising in any way out of my/our participation in such shooting activities; and
3. Assume all risks associated with such activities and all responsibility for medical expenses, costs and/or other obligations and other losses or injuries to me/us or in which I/we may become involved, by reason of my/our participation in such shooting activities at the aforementioned facility or event.

I further certify that I am eighteen (18) years of age or older and have read and understand this Waiver of Liability and have executed this instrument voluntarily on this date. If participant is under 18 years of age, Guardian must also sign.

SIGNED THIS _____ DAY OF _____, 20 ____

Signature of Participant
Signature of Guardian

MY COMMITMENT TO SAFE GUN HANDLING

I/we acknowledge that I/we am/are familiar with the basic rules of firearm safety and that those basic rules have been explained to me/us. I/we agree to follow all of the basic rules of firearm safety at all times during my/our use and handling of any firearms.

The safe use of firearms dictates that I/we understand and agree to follow all of these instructions:

- I WILL TREAT EVERY FIREARM AS IF IT WERE LOADED.
I WILL ALWAYS KEEP THE FIREARM POINTED IN A SAFE DIRECTION.
I WILL NOT PLACE MY FINGER ON THE TRIGGER OR IN THE TRIGGER GUARD UNLESS AND UNTIL I AM READY TO FIRE.
I WILL ALWAYS WEAR APPROPRIATE EYE AND EAR PROTECTION.
I WILL NEVER PASS THE FIREARM TO ANYONE WITHOUT OPENING AND KEEPING OPEN THE CYLINDER OR ACTION TO VERIFY THAT IT IS UNLOADED.
I WILL ALWAYS FOLLOW THE COMMANDS OF THE RANGE OFFICER.

I/we understand these basic rules of firearm safety and I/we agree to follow them at all times. Initial(s): _____, _____