

SHOOTER'S SUPPLY, LLC

LASER RANGE WAIVER

A COMPLETED AND SIGNED WAIVER IS REQUIRED TO ENTER THE LASER RANGE AND PARTICAPATE IN ANY ACTIVITY

In consideration of being allowed into Shooter's Supply, LLC laser range to participate in any party or program the undersigned, on his or her behalf and or on the behalf of the participants identified below, acknowledges and agrees to the following:

I understand that all participants and chaperons must follow all safety rules and obey all commands and direction given by the Range Safety Officer. If you observe any activity that you feel might be hazardous please bring it to the attention of the Range Safety Office or Shooter's Supply management.

I for myself and the participant named below and their respective heirs, assigns, administrators, representatives and next of kin hereby release and forever discharge Shooter's Supply, LLC of TN, their officers, members, agents, employees, trustees, affiliates and other participants from any and all claims, actions, damages, injuries, liabilities, cost, expenses, including Attorneys fees which are related to or arising from the use of the facility and that I forever waive the right to sue or bring any legal action against Shooter's Supply, LLC.

By executing this agreement, it is my intention to assume all risk and do hereby surrender and waive any rights to sue Shooter's Supply, LLC.

By signing below I acknowledge that I am at least 18 years old and that I am the parent or legal guardian of the participant named or that I have the expressed permission of the child's parent or legal guardian and that the participant is at least 8 years of age. I hereby certify that I voluntarily agree to all terms and conditions of this agreement.

I for myself and/or for the participant named below agree to follow all safety rules of Shooter's Laser Range and agree that failure to do so might result in expulsion from Shooter's Laser Range.

Participant Name (print) _____ DOB ___ / ___ / ___

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Contact Phone # _____