



PLEASE PRINT CLEARLY

Child Name: _____ Date of Visit: ___/___/___

Phone: _____ Birth date: ___/___/___ Male/Female: _____

Address: (street, city, zip, country) _____

Email address. May we send you an occasional newsletter? Your address will not be sold or used for non-Shooter's World purposes. Yes [] No [] Text Message Specials? Yes [] No []

Emergency Contact (Name, relationship and phone #) _____

Do you have any medical considerations or conditions that we should be aware of or that might limit or affect safe participation? (please indicate "no" if that applies) _____

Are you on any prescriptions or other medications that might impair your ability to participate? (please indicate "no" if that applies) _____

Do you have any allergies? Do you have any hearing, vision or other physical difficulties? _____

SHOOTER'S WORLD PARTICIPATION AGREEMENT

IMPORTANT- READ CAREFULLY!

This document affects your legal rights. It must be signed by you, the "Participant", whether you are an adult or minor, if you are renting a firearm or otherwise using firearms, related equipment and accessories or participating in activities offered by Shooter's World (referred to in this document as "Provider"). It must be signed also by your parent or guardian if you are a minor Participant (under 18 years of age). The parent or guardian agrees to these terms individually and on behalf of the minor. Only a parent or legally appointed guardian may sign for a minor Participant.

PARTICIPANT AGREEMENT

In consideration for the opportunity to participate in the Shooter's World camps and related firearms activities, including renting or otherwise using firearms and related equipment and accessories, offered

by Provider, Participant, and the parent or guardian of a minor Participant, understand, acknowledge and agree as follows:

Activities, Hazards and Risks

The services of Provider may include renting firearms and providing lessons on the safe use of firearms. Activities associated with these services may include instruction on loading and discharging firearms. The hazards and risks (together referred to as "risks") of the use of firearms include serious injury and death caused by the misuse or accidental discharge of a firearm.

While Provider has a state of the art air filtration system, there is a risk of exposure to lead during loading and re-loading by Participant's handling of lead rounds and spent cartridges, which may cause an elevated level of lead in Participant's blood. As an extra precaution, no Participant may be pregnant.

Provider has made no effort to determine, and accepts no responsibility for, medical, physical or other qualifications or the suitability of Participant, or other participants, for the activities. The Participant accepts full responsibility for determining Participant's medical, physical or other qualifications or suitability for participating in the activities.

Alcohol, will, and other substances may, impair judgment and reduce a participant's ability to effectively manage the risks of the use for firearms. Participants should strictly avoid any such substances immediately before and while participating in the activities. Participants should wear appropriate eye and ear protection to avoid sharp objects and excessive noise. Failure to adhere to these and other safety precautions may result in serious injury or death.

Acknowledgement and Assumption of Risks

I, the Participant, and the parent or guardian of a minor Participant, understand the nature of the services of Provider and other activities which may occur, and their risks. I acknowledge and express assume all risks of the activities, whether or not described above, known or unknown, and inherent or otherwise. I take full responsibility for any injury or loss, including death, which I, or a minor child for whom I sign, may suffer, arising in whole or part out of such activities.

Agreements of Release and Indemnification

I agree, for myself and on behalf of the minor participant for whom I am signing, to hereby **release** Provider, its employees, contractors, volunteers, directors and owners ("Released Parties") from any and all claims of injury or loss which I, or the minor child for whom I sign, may suffer, arising out of or in any way related to my, or the child's, enrollment in or participation in the activities of Provider or the use of its firearms and related accessories. Neither I, the minor child, nor anyone acting on our behalf, will bring suit or otherwise assert any such claims against a Released Party.

I will indemnify (that is, defend and satisfy by payment or reimbursement, including costs and attorneys' fees) each Related Party from any claim of liability, including one brought by or for a minor child for whom I sign, a co-participant in any of the activities of Provider, a provider of first aid and other medical care,

member of my, or the minor child's, family, or anyone else, asserting a loss arising out of or in any way related to my, or the child's, enrollment in or participation in the activities of Provider or the use of its firearms and related equipment and accessories.

The agreements of release and indemnification above include claims arising in whole or in part from negligent (but not grossly negligent, reckless or intentionally wrong) acts or omissions of Released Parties or any of them, and all other claims, including for personal injury, wrongful death, property damage, products liability (including strict liability), breach of contract or warranty, or otherwise. The agreements are intended to be enforced to the fullest extent allowed by law, and to be binding on me as Participant and on me as parent or guardian of a minor Participant, individually and on behalf of the minor for whom I sign.

Additional Provisions

I authorize Provider to provide or obtain for me, or the minor child for whom I sign, such medical care as it considers necessary and appropriate, and I agree to pay all costs associated with such care and related transportation. Any dispute between Provider and me or the minor child for whom I sign will be governed by the substantive laws of the State of Arizona, and any arbitration or suit shall take place only in Phoenix, Arizona. If the dispute cannot be resolved by mutual agreement, I agree to submit it to an arbitrator recognized by the courts of Maricopa County, Arizona. I agree to pay all costs and attorneys' fees of Provider in defending a claim or suit brought by me or by or on behalf of the minor for whom I sign, if the claim or suit is withdrawn or to the extent a court or arbitrator determines that Provider is not responsible for the claimed injury or loss.

This agreement is entered into voluntarily, and after careful consideration. Its terms cannot be amended except in writing. I understand that it is binding, to the fullest extent allowed by law, upon all persons signing below, our respective heirs, executors, administrators, wards, minor children and other family members. If any part of this agreement is found by a court or other appropriate authority to be invalid, the remainder of the agreement nevertheless shall be in full force and effect.

Participant Signature: _____

Date: _____

Parent or Guardian Signature: _____

Date: _____

Parent/Guardian Phone # _____

Name of adult approved to accompany your minor child _____