

**BLUFFS SHOOTERS - MEMBERS, GUESTS, AND COMPETITORS**  
**AGREEMENT OF RELEASE OF WAIVER OF LIABILITY**

WARNING: THIS DOCUMENT LIMITS YOUR LEGAL RIGHTS. YOU MAY WISH TO  
CONSULT WITH AN ATTORNEY BEFORE SIGNING.

**Please select the proper description:**

**(Check One)**

I am a paid member \_\_\_\_

I am a guest of a member \_\_\_\_

I am a competitor in an event \_\_\_\_

**My Legal Name is:**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

**I hereby agree to the following:**

That I am participating in firearms activities and/or events at BLUFFS SHOOTERS, Inc (“BS”). I understand the risks and hazards involved, and I recognize serious and potentially life-threatening injuries can occur while shooting a firearm or participating with others at the range.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation at the range. I represent that I am physically fit, and I have no medical, psychological, or other condition which would prevent my full participation in events and/or activities at BS.

I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained, or controlled by others or because of their possible liability without fault.

In consideration of being permitted to participate in the activities at BS, I agree to assume full responsibility for any and all risks, injuries, or damages, known or unknown, which I might incur as a result of my participation. I realize and acknowledge that many of the activities at BS are not supervised and I participate at my own risk.

In further consideration of being permitted to participate in the activities and/or events at BS, I, my legal heirs, executors, administrators, next of kin, successors, or legal representatives knowingly, voluntarily, and expressly waive, release, discharge, hold harmless and promise to indemnify and not to sue BLUFFS SHOOTERS, Inc., its agents,

officers, directors, members, instructors, volunteers, or representatives and relinquish any and all claims that I or my estate, my heirs, or any person claiming under me completely and without reservation as a condition of my participation at the range that I may have against BLUFFS SHOOTERS, Inc., its agents, officers, directors, members, instructors, volunteers, or representatives from any and all injuries or damages of whatsoever kind and nature that I may sustain as a result of participation.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of an injury, accident and/or illness during the activities and/or events at Bluffs Shooters Inc.

I represent and warrant that I am not prohibited by any law, rule or regulation of any agency, municipality, state and/or U.S. Government from possession or use of any firearm. I further represent and warrant that no restraining order, mental health issue and/or finding, including but not limited to, any domestic violence or other act or omission that would prohibit or adversely affect my right, under law, to participate in activities and/or events as set forth above. I have read the above release and waiver of liability and fully understand its contents.

I voluntarily agree to the terms and conditions stated above.

**My Address:**

Street/PO Box \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Names of Family Members attending with you

\_\_\_\_\_

After submitting this waiver, it will be valid through the end of the calendar year submitted and will expire on 12/31 of that calendar year. If you plan on participating in club activities next year then you will need to fill out the guest waiver again in that calendar year before returning to the range.

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Written Signature

Date