

ASSUMPTION OF RISK AND ACCEPTANCE OF LIABILITY

I wish to use property managed by Gallatin Sporting Clays, Inc., and intend to participate in activities in which I could be seriously injured, killed, or suffer property damage or loss. I acknowledge that the activities I wish to pursue, including shooting, are potentially or inherently dangerous, and I assume full responsibility for my conduct and for any injuries or property damage or loss I may sustain while engaging in these activities, regardless of cause. I may encounter other shooters, wild animals, falling clay targets, shot, barbed-wire or electrical fences, poisonous plants or animals, falling rocks, buildings, roads, clay target machinery, vehicles, trails, and other manmade or natural hazards and conditions which are dangerous. I understand that Gallatin Sporting Clays has made no representation or guarantee regarding my safety or the safety of operations at the range. I also realize and accept that Gallatin Sporting Clays does not have the emergency medical capabilities to provide me with assistance if I am injured.

With this knowledge, I hereby accept full responsibility and assume the risk for harm or injury of any kind which I may cause, suffer, or experience while at Gallatin Sporting Clays, and I agree to conduct myself so as to prevent any harm or injury from occurring to me or anyone else. Further, to the fullest extent permitted by law, I release Gallatin Sporting Clays, its officers, directors owners, members, managers, employees, agents, guests, and the owners of the property upon which Gallatin Sporting Clays is situated, and the heirs, successors, and assigns of all the foregoing from any claim or cause of action which may arise, either directly or indirectly, from my visit to or use of Gallatin Sporting Clays property or facilities, including claims of NEGLIGENCE. I will look solely to my insurance to pay any and all expenses arising from any injury or loss I sustain. I hereby waive all subrogation rights against Gallatin Sporting Clays and its insurance carrier(s), or its officers, directors, managers, owners, employees, agents, members, guests, and landlord.

I UNDERSTAND THAT EXECUTION OF THIS DOCUMENT MAY ALTER MY LEGAL RIGHTS IN THE EVENT I SUSTAIN INJURY OR LOSS. I FURTHER REPRESENT THAT I HAVE READ THE CONTENTS OF THIS DOCUMENT IN ITS ENTIRETY.

(member address)

(Signature of visitor or member)

(member phone number)

(Printed name of visitor or member)

(Name of emergency contact)

(Phone number of emergency contact)

PARENTAL CONSENT AND ACKNOWLEDGMENT
(Must be signed for all visitors or members under the age of 18)

I am the parent or legal guardian of the visitor or member named above. I have read, understood, and agree to all of the terms above and hereby consent to those terms on behalf of the child/ward named above. In the event that my child/ward is injured, I hereby consent to any emergency medical care which may be required.

(Signature of parent or guardian)

(Printed name of parent or guardian)

(Phone number for emergencies)