**Release, Waiver of Liability and Assumption of the Risk Agreement**

**Non-shooting activity**

I hereby expressly waive and release any claim that I, my heirs or agents may possess or hereafter possess against Four Corners Rifle & Pistol Club, Cortez, CO, its officers, members or agents, their heirs or agents, which may presently or in the future arise out of, or in connection with, the use of the grounds, facilities or equipment of Four Corners Rifle & Pistol Club.

**Shooting activity and classes**

Undersigned hereby expressly assumes the risk of taking part in the course of instruction in firearm use and/or taking part in the activities on the premises, which include, but are not limited to, instruction in the use of firearms, competition and discharge of firearms and use of live ammunition. Firearms training involves the use of dangerous devices; neither the Four Corners Rifle & Pistol Club, nor the instructors or coordinators can guarantee your safety. There are no medically trained personnel present. If you are not willing to accept these risks – do not enroll in this class or activity.

**By signing – I agree:**

I expressly declare that the nature, extent and result of any risk or injury are not all known or anticipated, but nevertheless fully waive any claim arising therefrom and release any and all above mentioned parties from any liability arising therefrom. I acknowledge that this release and application contains the entire agreement between the parties to this agreement, and the terms of this release are contractual and not a mere recital.

I hereby acknowledge and agree that I have read this instrument and understand its terms and am executing this instrument voluntarily. If this is for an organization, I am authorized to represent the organization using the facility. I further agree that I have read, understand and will at all times abide by the Range Rules, procedures and constraints sited in this instrument.

If any provision of this agreement is held invalid, it is agreed that the balance thereof shall continue in full force and effect.

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In case of accident, contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**