



SOUTH METRO PUBLIC SAFETY TRAINING FACILITY
Participants' Affirmation and Release Form
(Please read carefully)

The undersigned, for and in consideration of the South Metro Public Safety Training Facility's (the Facility) authorization to utilize the police firing range, does hereby consent and agree to the following:

- 1) I agree that my participation and use is voluntary. I know and am aware of all the dangers associated with my participation and use of the Facility and acknowledge that it is NOT an essential service provided by the Facility or its partnering organizations.
- 2) I agree that I will abide by all rules and regulations governing the use of the Facility and will comply with all local ordinances, state and federal laws. I acknowledge that I have received and reviewed the Facility Rules and Regulations (available on-site and on-line at www.southmetrotraining.com). I understand that the Facility is authorized to terminate my use of the Facility at any time for a violation of the Facility Rules and Regulations, or for any other reason within the discretion of the Facility.
- 3) In consideration of being allowed to use the Facility, I personally assume all risks associated with my participation and use of the Facility.
- 4) I hereby release the Facility, its partnering organizations and their officials, employees and agents, from and against any and all claims, liabilities and damages caused in whole or in part by my use and occupancy of the Facility and resulting in harm, death, injury or other damage to me.
- 5) I agree to indemnify, defend and hold harmless the Facility, its partnering organizations and their officials, employees and agents, from any and all claims, causes of action, lawsuits, damages, losses, or expenses, including attorney fees, arising out of or resulting from my use and occupancy of the Facility, provided that any such claim, damages, loss or expense is attributable to bodily injury, sickness, diseases or death or to injury to or destruction of property, whether foreseen or unforeseen, however caused and whether or not caused by the negligence of the Facility or any person action on behalf of the Facility. This release does not apply to damages causes as a result of willful, wanton, or intentional misconduct on the part of the Facility.
- 6) The terms of this release agreement shall serve as a release, indemnification and assumption of risk for my heirs, executor, administrator and all members of my family.
- 7) I further state that I understand that the terms herein are contractual and not a mere recital and that I sign this document as my own free act.

I have fully informed myself of the contents of this affirmation and release statement by reading it before I signed it.

Name: _____ Age: _____ Date: _____

Address: _____ Phone: _____

Signature: _____
(Parent/guardian signature required for persons under the age of 18)

If you would like to receive our period newsletter and range notification via e-mail, please provide your e-mail address:
