

**APPLICATION, RELEASE AND WAIVER OF CLAIMS**

Please Print Clearly

Date: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

This is a release and waiver of claims which, when signed, contractually waives any claims against the Santa Rosa Shooting Center that may arise in connection with your participation in activities of our managed shooting range. PLEASE READ IT CAREFULLY BEFORE SIGNING YOUR NAME.

In consideration of the opportunity afforded to me to participate in the NAIOP NWFL Clay Shooting Tournament at the Santa Rosa Shooting Center (SRSC), I the undersigned, on behalf of myself and my heirs do freely subscribe to the following contractual obligation:

I fully understand the risks associated with participation in the NAIOP NWFL Clay Shooting Tournament and the shooting activities at the Santa Rosa Shooting Center (SRSC) range, and do hereby, and for my heirs, executors and assigns knowingly, freely and voluntarily assume all risk and liability for any damage or injury to person or property that may occur as a result of my participation in any activities at the Santa Rosa Shooting Center (SRSC), and do hereby release, discharge, and covenant not to sue Santa Rosa Shooting Center / NAIOP NWFL, their partners, officers, employees, agents and volunteers, and do hereby waive and discharge all claims for damages that I might have against the Santa Rosa Shooting Center / NAIOP NWFL, their partners, officers, employees, agents and volunteers for any reason, including Santa Rosa Shooting Center / NAIOP NWFL negligence, and agree to indemnify and hold harmless Santa Rosa Shooting Center (SRSC) / NAIOP NWFL, and their partners, officers, employees, agents and volunteers, from and against any and all claims, damages, and judgments, of whatever nature, including attorney fees, that may be asserted or entered against any of them in connection with my participation in any activity at the Santa Rosa Shooting Center (SRSC).

I have read the Release and Waiver of Claims and fully understand its terms, and understand that I have waived substantial rights by signing this release, and I have signed it freely and without inducement, coercion, or assurance of any nature, and intend it to be a complete and unconditional release of any and all liability, and agree that, if any portion of this Waiver and Release of Claims is held invalid by a court of competent jurisdiction, any portion not being held invalid shall remain in full force and effect.

In addition to reading this release, I affirm that I have also read the range rules and fully understand that if at anytime I fail to follow these guidelines or the orders of the range officers, my privilege to use these facilities may be denied. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE SANTA ROSA SHOOTING CENTER / NAIOP NWFL HAS THE RIGHT TO REFUSE TO LET YOU PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

\_\_\_\_\_  
PRINT NAME OF APPLICANT

\_\_\_\_\_  
PRINT NAME OF WITNESS

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF WITNESS