

KLICKITAT COUNTY FIREARMS TRAINING FACILITY

RELEASE AND WAIVER OF LIABILITY &

RECOGNITION OF RANGE POLICIES

Operated by Klickitat County

This Release and Waiver of Liability and Recognition of Range Policies is executed on this ____ day of _____, 20____, by _____ (full name of participant) and is entered voluntarily as I wish to enter the firearm facility and/or engage in firearm shooting at the Klickitat County Firearms Training facility (“KCFTF”), located at 240 SR 197, Dallesport, Washington 98617.

Release and Waiver: I understand that engaging in these activities may be hazardous and include risks of personal injury, death, damage to or loss of personal property and other risks of harm or damage. In consideration of my participation in such activities, I, for myself and for my heirs, successors, personal representatives, administrators and assigns, hereby do agree to release and forever discharge and hold harmless KCFTF, Klickitat County, Klickitat County Commissioners, Range Manager, their affiliates, subsidiaries or successors, and their respective officers, directors, servants, employees, agents, representatives and contractors (collectively “KCFTF”) and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my use of KCFTF.

I further understand that this release discharges KCFTF from any liability or claim that I may have against KCFTF with respect to any bodily injury, personal injury, illness, death, or property damage that may result from my activities with KCFTF, whether caused by the negligence of KCFTF. I also understand that KCFTF does not assume any responsibility for or obligation

to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

Medical Treatment: I do hereby release and forever discharge KCFTF from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with my use of KCFTF or with the decision by any representative or agent of KCTFT to exercise the power to consent to medical or dental treatment.

Assumption of the Risk: I understand that the activities to which I am participating are hazardous to myself, including, but not limited to the use of live firearms. I hereby expressly and specifically assume the risk of injury or harm in the activities and release KCTFT from all liability for injury, illness, death, or property damage resulting from the activities.

Other: I expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Washington, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Washington. I agree that in the event that any clause or provision of this release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provision of this Release which shall continue to be enforceable.

Firearms Policies: _____ (Initial Here): I further affirm that I have READ AND UNDERSTAND the KCFTF range policies and procedures and agree to follow all range procedures and the instructions of the Range Safety Officers and personnel. These policies and procedures include but are not limited to:

*I WILL TREAT EVERY FIREARM AS IF IT WERE LOADED AT ALL TIMES

*I WILL ALWAYS KEEP THE FIREARMS MUZZLE POINTED IN A SAFE DIRECTION

***I WILL NOT PLACE MY FINGER ON THE TRIGGER UNLESS AND UNTIL I AM READY TO FIRE**

***I WILL ALWAYS WEAR AND USE APPROPRIATE EYE AND HEARING PROTECTION**

***I WILL NEVER PASS A FIREARM TO ANYONE WITHOUT FIRST OPENING THE ACTION**

***I WILL ALWAYS FOLLOW THE INSTRUCTION OF THE RANGE OFFICERS**

I CERTIFY THAT I AM OVER THE AGE OF EIGHTEEN (18) YEARS AND LEGALLY ABLE TO ENTER INTO THIS AGREEMENT. IF I AM SIGNING ON BEHALF OF A MINOR CHILD I CERTIFY THAT IS AM THE PARENT OR LEGAL GUARDIAN OF THIS CHILD.

I ALSO CERTIFY THAT I CAN LEGALLY POSSESS AND HANDLE A FIREARM PURSUANT TO STATE AND FEDERAL LAW.

I have READ AND UNDERSTAND this agreement and I am voluntarily signing it with the intent to enter into a legally binding contract.

DATED: _____

Signature:

Print Name if Signing for a Minor (individual under the age of 18):

Relationship to Minor (Must be Parent or Legal Guardian):
