



# **NORFOLK COUNTY RIFLE RANGE INC.**

## **WAIVER, RELEASE AND COVENANT NOT TO SUE**



Whereas Norfolk County Rifle Range, A Virginia Corporation permitting me to participate in firearm shooting activities of the Corporation wherever they are held, I on my own behalf and the behalf of my heirs, representatives, administrators and assigns, hereby waive and release any and all claims, demands, causes of action, suits and rights I, or anyone on my behalf, might have against that Corporation, it's officers and/or it's directors as a result of my taking part in the firearms shooting activities sponsored by, sanctioned by or approved by that Corporation, it's officers and/or it's directors. The undersigned agrees that this waiver, release and covenant not to sue shall include any injury or death resulting from any defect known or latent in or on the Premises of Norfolk County Rifle Range, Inc.

I UNDERSTAND THAT ENGAGING IN FIREARMS SHOOTING ACTIVITIES IS A VERY DANGEROUS AND HAZARDOUS ACTIVITY WITH ACCOMPANYING RISKS OF PERSONAL INJURY OR DEATH AND LOSS OR DAMAGE TO PERSONAL PROPERTY, AND I HEREBY VOLUNTARILY ASSUME THOSE RISKS.

I UNDERSTAND THAT NORFOLK COUNTY RIFLE RANGE, INC. HAS NO CONTROL OVER THE INDIVIDUAL RELOADING PRACTICES, COMPONENTS, OR THE QUALITY OF THE FIREARM THAT RELOADED AMMUNITION WILL BE FIRED IN. THEREFORE, NORFOLK COUNTY RIFLE RANGE, INC. ASSUMES NO LIABILITY FOR ANY INJURY OR DEATH RESULTING FROM THE USE OR MISUSE OF RELOADED AMMUNITION. ANY PERSON WHO FIRES RELOADED AMMUNITION DOES SO AT HIS/HER OWN RISK AND PERIL.

I RECOGNIZE THAT THE CORPORATION, IT'S OFFICERS AND DIRECTORS ARE NOT OBLIGATED TO PERMIT ME TO PARTICIPATE IN ANY OF THE CORPORATIONS ACTIVITIES AND MAY TERMINATE MY PARTICIPATION IN SUCH ACTIVITIES AT ANY TIME FOR ANY REASON.

I HAVE READ AND UNDERSTAND THE FOREGOING PROVISIONS OF THIS WAIVER, RELEASE AND COVENANT NOT TO SUE AND HAVE EXECUTED THIS INSTRUMENT VOLUNTARILY ON THIS DATE. I HAVE READ AND UNDERSTAND THE SAFETY BRIEFING AND HAVE READ AND UNDERSTAND ALL N.R.A. GUN SAFETY RULES, GENERAL RANGE RULES, SITE SPECIFIC RANGE RULES AND ADMINISTRATIVE RULES OF NORFOLK COUNTY RIFLE RANGE, INC.

I AM OVER TWENTY-ONE (21) YEARS OF AGE OR IF NOT THEN MY PARENT OR LEGAL GUARDIAN HAS SIGNED THIS INSTRUMENT ON MY BEHALF. THIS INSTRUMENT SHALL REMAIN IN FULL FORCE AND EFFECT INDEFINITLY.

DATE: \_\_\_\_\_

PARTICIPANT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PARENT OR LEGAL GUARDIAN NAME: \_\_\_\_\_

PARENT OR LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_