

# PUBLIC SHOOTER WAIVER FORM

THIS FORM MUST BE READ AND SIGNED BY **EACH PUBLIC SHOOTER** BEFORE USE OF THE PREMISES AND FACILITIES OF THE **WILDLIFE COMMITTEE OF WASHINGTON**, KNOWN AS THE **KENMORE RANGES**, WILL BE ALLOWED.

## READ CAREFULLY BEFORE SIGNING

The UNDERSIGNED has read and understands the posted safety rules, knows that anticipated and unanticipated dangers associated with the use of firearms and archery equipment on public ranges present a risk of DEATH, PERSONAL INJURY, or PROPERTY DAMAGE; and acknowledges that it is not the function, responsibility, or duty of the WILDLIFE COMMITTEE OF WASHINGTON, its OFFICERS, DIRECTORS, MEMBERS, AGENTS or EMPLOYEES to act as the guardians of his/her safety.

In CONSIDERATION for being permitted entry to and/or use of the premises and facilities of the WILDLIFE COMMITTEE OF WASHINGTON, and on behalf of himself/herself, his/her family, estate, heirs and assigns, the UNDERSIGNED hereby assumes all risk of DEATH, PERSONAL INJURY and/or PROPERTY DAMAGE, and forever releases, discharges, and agrees to hold harmless the WILDLIFE COMMITTEE OF WASHINGTON, its OFFICERS, DIRECTORS, MEMBERS, AGENTS, and EMPLOYEES from all claims, demands, causes of action, or liability of any kind, including attorney's fees, for DEATH, PERSONAL INJURY, and/or PROPERTY DAMAGE occurring during the UNDERSIGNED'S presence on or use of the premises and facilities of the WILDLIFE COMMITTEE OF WASHINGTON.

Read, understood and agreed \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of public shooter)

Print Name \_\_\_\_\_ Age \_\_\_\_\_ (if under 21yrs old see below)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**ID MUST TO SHOWN TO THE RANGEMASTER.**

### FOR PUBLIC SHOOTERS OF MINORITY AGE (UNDER 18 )*{under 21 for pistol}*

This is to certify that I, as parent/guardian of the above named minor, do consent to his/her release of the WILDLIFE COMMITTEE OF WASHINGTON, its OFFICERS, DIRECTORS, MEMBERS, AGENTS, and EMPLOYEES from any and all liabilities incident to his/her presence on or use of these premises and facilities.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Any person who violates any of the POSTED RANGE RULES or any other COMMON-SENSE SAFE SHOOTING RULES will be asked to LEAVE, furthermore, CRIMINAL and /or CIVIL CHARGES WILL BE BROUGHT FOR WILLFUL ACTS ENDANGERING LIFE OR PROPERTY.**

**CLOSED CIRCUIT VIDEO SURVEILLANCE AND RECORDING DEVICES ARE USED ON THIS FACILITY.**

Circle Activity:

Rifle

Pistol

Archery

Trap