

2019 Leadership Lowndes Group 5



Pistol & Rifle Shoot Registration Form

Benefitting 90Works



Saturday, May 18th from 8am-1pm at Lowndes Co. Sheriff's Office Firing Range (Grassy Pond, LP)
Registration taken until day of competition provided slots available (50 rifle slots; 100 pistol slots)
Shooters must provide own weapon and ammunition

Last Name:		First Name:		M.I.	Gender
Address:					
City:		State:	Zip:		
Phone:		Email:			
Date of Birth: (mm/dd/yyyy)					
EVENT REGISTRATION: Please indicate which events you wish to participate in: (Circle ONE).					Fee
Pistol Shoot					\$50
Rifle Shoot					\$100
Both Pistol and Rifle Shoot					\$125
TOTAL ENTRY FEE					
T-Shirt Size (Circle One): S M L XL 2XL 3XL (adult sizes/short sleeve)					
Make Checks Available to: Joe Dukes and put "Pistol and Rifle Shoot" in the memo					
Mail your completed entry form and fees to: Attn: Lt. Joseph Dukes 120 Prison Farm Rd. Valdosta, GA 31601			Or drop off at: 562 Gil Harbin Blvd. Valdosta, GA		
Questions: email bradlawson@bellsouth.net					

**Lowndes County Sheriff's Office Shooting Range
Waiver of Liability and Hold Harmless Agreement**

I understand that there are various risks involved with my participation in shooting activities at the Lowndes County Sheriff's Office Shooting Range (hereinafter referred to as "the Range"). I understand that those risks include, but are not limited to, injuries or death caused by the following: gunshot; the negligence of other participants in the vicinity; faulty equipment, firearms or ammunition provided by myself or other participants; lighting conditions; weather; excessive noise; excessive distance to medical care facilities; and excessive traffic on routes to medical care facilities. I agree that, prior to participating in these activities, I will inspect facilities and equipment and, if I believe any are unsafe, I will immediately advise an Instructor at the Range.

I am fully aware of risks and hazards connected with being on the premises and participating in these types of activities, and I am fully aware that there may be risks and hazards unknown to me connected with being on the premises and participating in these types of activities, and I hereby elect to voluntarily enter upon the above named premises and engage in these activities knowing that conditions may become hazardous or dangerous to me and my property. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of my participation in these activities, whether caused by the negligence of myself, other participants or otherwise.

In consideration for receiving permission to participate in the above referenced activities, I hereby assume all risks associated with these shooting activities and shall indemnify, waive, release, and forever discharge the Lowndes County Sheriff's Office employees, and any other individuals or entities connected in any way to the Range from any and all claims for damages, death, personal injury or property damage and litigation costs/attorneys' fees, arising from or contributed to, in whole or in part, by any act, omission, fault or mistake of the above-named persons or entities and their employees or agents, resulting from the above described shooting activities. It is my express intent that this informed consent and waiver of liability shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue any individuals in any way connected with the aforementioned Range.

I certify that I am physically able and have not been advised against participation in these types of activities by a health professional. I hereby authorize emergency medical treatment in the event of injury or illness. I also authorize trained health care providers, including, but not limited to physicians, nurses, nurse practitioners, and hospital corpsmen to administer routine and/or emergency medicines and treatments, as needed.

I certify that I have read all the provisions of this informed consent and waiver of liability form and fully understand all of the same. If any provisions contained in this informed consent and waiver of liability form are held to be invalid, void or illegal by any court of competent jurisdiction, the same shall be deemed severable from the remainder of this informed consent and waiver of liability agreement form and shall in no way affect, impair or invalidate any other provision herein contained.

In signing this release, I acknowledge and represent that:

- A. I have read the foregoing release, understand it, and sign it voluntarily as my own free act and deed;
- B. No oral representation, statements or inducements, apart from the foregoing written agreement, have been made;
- C. I am at least eighteen (18) years of age and fully competent or I am signing on behalf of a minor as their parent or legal guardian; and
- D. I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

In witness whereof, I have hereunto set my hand and seal this ___ day of _____, 20__.

Name of Participant _____

Name of Witness _____

Signature of Participant _____
(Parent/Guardian of participant if under 18)

Signature of Witness _____

Date _____

Date _____