

Gold Camp Shooting Sports Center (GCSSC) - Liability Release and Waiver - ADULT

I acknowledge that all persons using or visiting the GCSSC facilities are required to read and sign this Liability Release & Waiver, releasing the Teller County Shooting Society (TCSS) and its affiliates, subsidiaries, partners, officers, directors, employees, and agents from any and all claims for mental/physical, bodily injuries or other damages resulting from or incidental to use of the GCSSC facilities and participation in any and all activities on GCSSC property.

Anyone who elects not to sign this Liability Release & Waiver is prohibited from entering GCSSC property and using GCSSC facilities.

I acknowledge that I am familiar with the safe and proper use of firearms, and that I have read and understand the GCSSC Range Safety, and Code of Conduct Rules, and agree to abide by all such Rules. TCSS reserves the right, in its sole discretion, to modify those Rules at any time.

I understand that GCSSC is a shooting sports facility, and engaging in, or being present, during shooting sports is an inherently dangerous activity, and I assume the risks, dangers, or damage that may occur in connection with such activities at GCSSC. I understand that the GCSSC is not monitored by a Range Safety Officer ("RSO"), or supervisor of activities, except in the case of certain public events.

I understand and acknowledge that by signing this document I am giving up certain legal rights and/or possible claims which might be otherwise asserted or maintained against TCSS or its affiliates, subsidiaries, partners, officers, directors, employees, and agents or other persons or entities. I also understand and acknowledge that, except as otherwise provided herein or at law or equity, by signing this document I have assumed responsibility and legal liability for the claims or other legal demands, including defense costs, which may be asserted as a result of my use of the GCSSC.

I AFFIRMATIVELY STATE THAT I AM UNDER NO DURESS OR UNDUE INFLUENCE AND AM SIGNING THIS LIABILITY RELEASE & WAIVER OF MY OWN FREE WILL, AND HAVE READ AND FULLY UNDERSTAND ALL OF THE TERMS CONTAINED HEREIN.

Name: First: _____ Last: _____

Street or PO Box: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I have read and agree to abide by the Liability Waiver.

Printed Signature Date

