

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

I hereby acknowledge that I have voluntarily applied to use the shooting range operated by the DENTON COUNTY SPORTS ASSOCIATION, INC. (DCSA), a Texas corporation. I understand and acknowledge that utilization of a shooting range in which others, as well as myself, are engaged in shooting activities involve inherent hazards, dangers, and risks to me from others, to others, and to myself. I specifically state that I am aware of the hazards, dangers and risks inherent with shooting activities. I represent that I am fully competent to participate in training and/or shooting activities and that I voluntarily assume the risks of participating in such activities. I AM VOLUNTARILY USING THE PREMISES AND SERVICES OF DCSA WITH FULL KNOWLEDGE OF THE INHERENT RISKS, HAZARDS, AND DANGERS INVOLVED AND HEREBY ASSUME AND ACCEPT ANY AND ALL RISKS OF PROPERTY DAMAGE, INJURY, PARALYSIS, OR DEATH.

I understand and agree that any property damage, bodily injury, paralysis or death, and/or any expenses resulting therefrom during the time I am engaged in such activities are my responsibility, regardless of cause or the negligence of myself or others, including DCSA. I affirmatively represent to and warrant to the DCSA that I am in good health, and with no physical defects that might impair my ability to participate in training and/or shooting activities or that might present a danger to me, DCSA, or other participants during my presence.

I understand and agree that this Release constitutes the entire agreement between myself and DCSA, and the terms hereof are contractual and not a mere recital. This Release shall continue in force and be applicable to all activities at the DCSA, unless revoked by me in writing served upon the DCSA, by certified mail, return receipt requested, at least ten (10) days prior to the date upon which such revocation shall become effective.

LASTLY, I, FOR MYSELF, MY HEIRS, SUCCESSORS, EXECUTORS, AND SUBROGEEES, HEREBY KNOWINGLY AND INTENTIONALLY WAIVE AND RELEASE, INDEMNIFY AND HOLD HARMLESS DCSA, THEIR DIRECTORS, OFFICERS, AGENTS, EMPLOYEES, VOLUNTEERS, AND ANY OTHER ASSOCIATED PARTY NOT LISTED ABOVE FROM AND AGAINST ANY AND ALL CLAIMS, ACTIONS, CAUSES OF ACTION, LIABILITIES, SUITS, EXPENSES (INCLUDING REASONABLE ATTORNEYS' FEES AND COSTS), WHICH ARE RELATED TO, ARISE OUT OF, OR ARE IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THIS ACTIVITY OR ON THE DCSA PREMISES, INCLUDED, BUT NOT LIMITED TO, NEGLIGENCE OF ANY KIND OF NATURE, WHETHER FORESEEN OR UNFORESEEN, ARISING DIRECTLY OR INDIRECTLY OUT OF ANY DAMAGE, LOSS, INJURY, PARALYSIS, OR DEATH TO ME OR MY PROPERTY AS A RESULT OF MY ENGAGING IN THESE ACTIVITIES OR IN THE USE OF DCSA SERVICES, PREMISES, OR EQUIPMENT, WHETHER SUCH DAMAGE, LOSS, INJURY, PARALYSIS, OR DEATH RESULTS FROM NEGLIGENCE OF DCSA, OR FROM SOME OTHER CAUSE.

I HAVE READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS UNCONDITIONAL RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT OF MY OWN FREE WILL. **Do not sign this Release if you do not understand or agree with its terms.**

DCSA ASSOCIATE MEMBERSHIP INFORMATION

Student Printed Name: _____ * Age: _____

Address _____ City: _____

State: _____ Zip: _____ Driver's License #: _____

Student Primary Phone: _____ Secondary Phone: _____

Emergency Contact: _____ City/State: _____

Primary Phone: _____ Secondary Phone: _____

STUDENT SIGNATURE _____ Date: _____

***Parent/Guardian signature required of all students age 17 or under.**

PARENT/GUARDIAN Printed name: _____ Primary Phone: _____

PARENT/GUARDIAN Signature: _____ Secondary Phone: _____