

Boom Store shooting Range Release of Liabilities

I, _____ acknowledge that my presence on, about around or with the Boom Store Shooting Range facility located at 7115 Stahl Rd, Orient, OH 43146 (hereafter referred to as the Boom Store) and any observation, participation in and of the activities occurring within or on the associated property of the Boom Store is done so freely, voluntarily and of my own free will, volition and desire.

I also certify that I was born on _____, and that I am over the age of 18 (eighteen) and that I possess the legal capacity and to wish to enter into this agreement on my own behalf. I understand that the Boom store is a for profit corporation and as such I am indemnifying and saving it harmless as well as all of the officers, directors, managers, employees, agents, assigns and any other affiliated organizations.

I agree and acknowledge that firearms are inherently dangerous and their use can cause bodily injury or death. I, my agents, assigns, executors or administrators, for the consideration of being allowed to end their facilities, shooting range, or use of rental firearms and other associate products or services of the Boom Store do now hereby absolutely and unequivocally hold harmless the Boom Store, its agents, members, trustees, officers, employees, instructors, assigns, owners, and successors from any claim, demand, injury, or liability, whether claimed by myself or another, arising out of such use of the facilities, products or services, of the Boom store. I am fully aware of and understand that there is substantial risk to my person associated with the use of firearms, ammunition, shooting range activities and related products or services. I further understand that these risks include but are not limited to gunshot wounds caused by myself or another that may result in injury or death, injuries from ricochet, inhalation of lead vapor, or other poisons, hearing loss due to noise exposure, injury to my vision or skin due to flying debris, muzzle flashes, and other dangers not listed herein. I do hereby accept fully responsibility for my own safety while on the premises of the Boom Store. I further, understand that I must abide by all range rules and regulation and that I am required to eye and hearing protection at all times I am within the range area whether I am a participant or an observer

I agree and acknowledge that manufactures of firearms will provide and instruction and or operating manual with written warnings free of charge and that I will not operate or otherwise use a firearm on the Boom Store facility until I have read and understood such materials.

In the even the person named on this release is a minor under the age of eighteen (18), I hereby affirm that I am the parent or legal guardian of said minor who is under the age of eighteen (18), and further affirm that on behalf of said minor, I absolutely and unequivocally on his/her behalf to the conditions of the release stated above.

I have read, understand and agree to the terms stated in this release. I also affirm that I have read and agree to comply with all the range rules an regulations and that I have been provided a copy of the range rules and regulations as well.

I also affirm and acknowledge that I am not prohibited under Federal, State or Local Law and/or any Court Order from the purchase, acquisition or possession of firearms.

This release covers all compensation of any and all injuries and damages I may sustain, known, unknown, or knowable, and in full compensation of any and all personal injuries, physical pain and suffering, mental suffering, psychological injuries, emotional distress, loss of consortium,, services or society, loss of wages now or in the future and for any development, whether foreseen or unforeseen.

Signature _____ Printed Name _____ Date _____

Age: _____ Country/citizenship: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Driver's License #: _____ State: _____

Phone: _____

E-mail: _____

- Photo ID (divers license, State-issued ID, or Passport) verified by _____

Initial that the following are true

_____ **Not** under indictment or been convicted of a felony in the U.S. or elsewhere

_____ **Not** convicted of misdemeanor or domestic violence

_____ **Not** Under court order (i.e. order of protection, harassment, etc.)

_____ **Not** a fugitive from justice

_____ **Not** a user of or addicted to any controlled substance

_____ **Not** been dishonorably discharged from the Armed Forces

_____ **Have Never** renounced U.S. citizenship

_____ **Do not** suffer from mental illness and have not been adjudicated mentally incompetent or committed to a mental institution

_____ (Females) I am **NOT** pregnant or nursing

In Case of emergency please contact: _____ Relationship: _____

Phone Number: _____

Signature: _____

Date: _____

Printed Name: _____

TO BE SIGNED IF PARTICIPANT IS A MINOR

I represent that I am the parent or court-appointed legal guardian of the above-named individual and hereby consent to the individual using the Facility and participating in the Classes. In consideration for the Range along the above-named individual to use the Facility and participate in the Classes, I agree, personally and on behalf of such individual, to be bound by the terms and condition of this Release.

Today's Date: _____

Names of Parent: _____

Or Court-Appointed Legal Guardian (Please Print)

Email Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

SIGNATURE OF PARENT: _____

OR COURT-APPOINTED LEGAL GUARDIAN