

Northwestern CT Sportsmen's Association -Waiver and Release of Liability

I, _____
Name (Please print legibly)

of _____
Address & Zip Code

hereby agree to the following:

1. That I am participating in activities, or performing work or other business, at the property of the Northwestern CT Sportsmen's Association (N.W.C.S.A.) located in Colebrook, Connecticut. I understand the risks and hazards involved, and I recognize serious and potentially life - threatening injuries can occur while shooting a firearm or participating with others, either in a club sponsored program or on my own at the range or by simply being at the range while others are present.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation at the range. I represent that I am physically fit and I have no medical, psychological, or other condition which would prevent my full participation at the shooting range. I further represent that I am under no kind of restraint against the possession or use of a firearm; including any sort of domestic violence restraining order and that I am legally free to own, possess or handle firearms
3. I realize that my liability may arise from negligence or carelessness on the part of the person or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.
4. In consideration of being permitted to participate in the activities and/or programs at the shooting range, I agree to assume full responsibility for any and all risks, injuries, or damages, known or unknown, of whatsoever kind and nature, which I might incur as a result of participating at the shooting range.
5. In further consideration of being permitted to participate at the shooting range, I knowingly, voluntarily, and expressly waive any and all claims I, or my Estate, my heirs, or any person claiming under me completely and without reservation that I may have against Northwestern CT Sportsmen's Association, its agents, officers, directors, shareholders, employees, instructors, volunteers, or representatives from any and all injuries or damages that I may sustain as a result of participating in shooting range activities. Also, I, my heirs, executors, administrators, next of kin, successors, or legal representatives forever release, waive, discharge and covenant not to sue Northwestern CT Sportsmen's Association, its agents, officers, directors, shareholders, employees, instructors, volunteers, or representatives for any personal injury, death, disability, property damage, property theft or acts and/or omissions of whatsoever kind and nature including, but not limited to, those caused by its negligence or other acts including, but not limited to, those acts and/or omissions of other participants or persons at the shooting range.
6. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during the activities at the shooting range.
7. This release shall remain in full force and effect so long as I am a member of the Northwestern CT Sportsmen's Association or a user of its facilities, a guest on its property with no expiration for time or other reasons.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above

Date: _____ **Signature of Participant:** _____

Witness: _____