

Key# _____

City of Merrill Shooting Range

Waiver of Liability

** A waiver must be signed for each adult person using the range and an adult must sign a waiver for each minor.

Member: _____

Street Address: _____

City: _____ State: _____ Telephone: _____

Emergency Contact Name: _____

Address: _____ Telephone: _____

I, the undersigned member, agree to indemnify and hold harmless the City of Merrill and any of its employees or representatives for any injury or loss suffered by me due to my participation in the use of the Merrill Shooting Range. I hereby agree that I have been fully advised of the nature and the extent of the possible dangers that may take place.

I understand that the Merrill Shooting may represent the risk of injury, or even death, to me, and I have been fully advised of those possibilities. I represent to you that I fully assume the risk of any and such injury or death, and hold the City of Merrill and any of its employees or representatives harmless from any liability or death to me while engaged in activities at the Merrill Shooting Range that is caused by my conduct or the conduct of any other members. I further agree to indemnify and defend the City of Merrill and any of its employees or representatives against any claim or liability asserted for any such injury or death.

I also hold the City of Merrill and any of its employees or representatives harmless from all liability to any other person or entity arising as a result of the conduct of myself or the other members in the activities at the Merrill Shooting Range, and I agree to defend and indemnify the City of Merrill and any of its employees or representatives against any claim or liability arising as a result of such conduct.

If I am not able to be consulted for any reason in the case of emergency or necessity arising during the course of the activities at the Merrill Shooting Range as a result of the activities at the Merrill Shooting Range, I authorize you to contact the emergency contact person or persons listed above and to arrange for such medical and hospital treatment as you may deem to be advisable for my health and well-being.

I have read and understand the rules for the Merrill Shooting Range.

Member's Signature: _____ Date: _____

Parent Guarding Signature: _____ Date: _____

(to be used if participant is a minor or under any legal disability requiring consent from another)