

**ANDERSON COUNTY SPORTSMAN'S CLUB**  
**1070 Old Joe Road**  
**Lawrenceburg, Kentucky 40342**  
**(502) 517-6114**

**RELEASE AND WAIVER OF LIABILITY AGREEMENT**

I, \_\_\_\_\_, (hereinafter Participant), acknowledge that I voluntarily have chosen to participate in shooting related activities at the ANDERSON COUNTY SPORTSMAN'S CLUB, 1070 Old Joe Road, Lawrenceburg, Anderson County, Kentucky. I am aware that shooting related activities include, but are not limited to: handling, using, shooting and/or discharging firearms, black powder arms, air guns and archery equipment, and items regulated by the National Firearms Act (commonly known as the NFA); handling loaded ammunition; being in areas designated for shooting activities that are intended for the discharge of firearms; being in the vicinity of persons engaged in shooting disciplines involving engagement of multiple targets while moving; and being around other individuals engaged in shooting related activities. Risks inherent in shooting related activities include, but are not limited to, death, bodily injury, property damage, exposure to potentially hazardous substances or compounds containing lead, mercury and other hazardous chemicals, loss of eyesight up to and including total permanent blindness, hearing loss, and/or other medical problems.

I AM AWARE THAT THESE ACTIVITIES ARE HAZARDOUS ACTIVITIES AND THAT I COULD BE SERIOUSLY INJURED OR EVEN KILLED. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY AND ALL LIABILITY ACTIONS WHICH I MIGHT PURSUE AGAINST THE ANDERSON COUNTY SPORTSMAN'S CLUB, ITS MEMBERS, ITS OFFICERS, AND ANY OTHER INDIVIDUAL(S) WHO ARE ALSO ENGAGED IN SHOOTING RELATED ACTIVITIES CONDUCTED UPON THE PREMISES OF THE ANDERSON COUNTY SPORTSMAN'S CLUB, AT ANY TIME, NOW OR IN THE FUTURE, FOR ANY AND ALL BODILY INJURY OR INJURIES, DEATH OR DEATHS, OR PROPERTY DAMAGE, INCLUDING ANY AND ALL LIABILITY ACTIONS ARISING OUT OF NEGLIGENCE ON THE PART OF THE ANDERSON COUNTY SPORTSMAN'S CLUB, ITS AGENTS, OFFICERS, MEMBERS, AND/OR OTHER PERSONS ENAGED IN SHOOTING RELATED ACTIVITIES ON ANDERSON COUNTY SPORTSMAN'S CLUB PREMISES.

I verify this statement by placing my initials here: \_\_\_\_\_

Parent or Guardian's initials (if under 18): \_\_\_\_\_

As consideration for being permitted by ANDERSON COUNTY SPORTSMAN'S CLUB to participate in the aforementioned activities, I forever release ANDERSON COUNTY SPORTSMAN'S CLUB, and its respective directors, officers, employees, members, volunteers, agents, guests, contractors, and representatives (collectively "Releasees") from any and all actions, claims, or demands that I, my assignees, heirs, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for any and all injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, and/or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities.

I also agree that I, my assignees, heirs, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ANDERSON COUNTY SPORTSMAN'S CLUB, AND I SIGN IT OF MY OWN FREE WILL. I also understand this release and waiver shall remain in effect indefinitely, unless and until it is specifically revoked by me, in writing; I further understand that any such revocation shall not apply to any claim that was brought, or which could have been brought, while this Release and Waiver of Liability Agreement was in effect.

**PARTICIPANT**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED. If Signed by Parent or Guardian: I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them.

**PARTICIPANT'S PARENT OR GUARDIAN (if Participant is under 18 only)**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Participant's Address: \_\_\_\_\_