**Studio name** _____

# Shooting range waiver

Every shooter signs before going onto the line.

## About you

**Your name**
**First name**

**Last name**

**Date of birth (MM/DD/YYYY)**

**Mobile phone**

**Email**

**Emergency contact**

## Your visit

**Have you shot before?**

☐ Never ☐ A few times ☐ Regularly

Are you bringing your own firearm?

☐ Yes ☐ No

## Before you take part

These questions help the staff keep you safe. They aren't medical advice, so check with your doctor about anything you're unsure of. The staff may ask you to sit out if an answer means the activity isn't safe for you today.

Do you have a hearing or vision condition the staff should know about?

☐ Yes ☐ No

**Tell us more.**

Are you pregnant?

☐ Yes ☐ No

Do you have seizures, or do you faint or get dizzy easily?

☐ Yes ☐ No

Are you taking a medicine today that makes you drowsy or affects your balance?

☐ Yes ☐ No

Are you recovering from an injury, illness or surgery right now?

☐ Yes ☐ No

**Tell us more.**

Is there anything else about your health the staff should know before you take part?

☐ Yes ☐ No

**Tell us more.**

## Risks and rules

**The risks**

Shooting has risks, including:

- Gunshot injury or death from a firearm handled wrongly by you or someone else
- Hearing damage from gunfire, even with hearing protection
- Eye injury from ejected brass, fragments or debris
- Burns from hot brass, barrels and suppressors
- Exposure to lead and other residue from ammunition
- Ricochets and fragments from targets and backstops

I understand these risks, and others no one can foresee, and that some remain even when the staff and other guests take care. I choose to take part.

**Initials** _____

**Range rules**

- Treat every firearm as loaded.
- Keep the muzzle pointed downrange at all times.
- Finger off the trigger until your sights are on the target.
- Eye and ear protection on whenever you're in the range area.
- On a cease fire, stop, unload, step back and don't touch any firearm until the range officer says so.
- Wash your hands and face before you eat, drink or smoke.

I'll follow these rules and every instruction from the staff. The staff may stop me or ask me to leave if I don't.

**Initials** _____

**Allowed to shoot**

I'm not prohibited by federal, state or local law from possessing or using a firearm or ammunition.

**Initials** _____

### The range officer

The range officer's commands come first. They may stop me, take a firearm out of service or end my session at any time.

Initials

## What you agree to

### My answers

My answers are true. I'm not impaired by alcohol or drugs, and I'll tell the staff if anything about my health changes before or during my visit.

Initials

### Release

To the extent the law allows, I release the business, its owners and its staff from claims for injury, illness or damage that come from the inherent risks of this activity. This release doesn't cover anything the law doesn't let me give up.

Initials

### Emergency care

If I'm hurt or become ill, the staff may give first aid and call emergency services. I'm responsible for the cost of any care I receive.

Initials

### Photos and video

This waiver covers your visits for one year from the day you sign. The business may ask you to sign again sooner if its rules or this form change.

*the studio uses your health answers only to do your appointment safely and to keep the records the law requires. They are never used for marketing or sold. They are stored encrypted, and every time someone at the studio opens them it is logged.*

Your signature

Date

Printed name

## For the staff (For the studio)

### Visit details

### Booking or group name

**Lane**

**Photo ID checked at the counter**

☐ Yes ☐ No

**Rental firearm**

**Anything that came up during the visit**