



Florida Fish and Wildlife Conservation Commission

FWC Managed Shooting Range

Application, Release and Waiver of Claims

Please Print

Date _____

Name: Last _____ First _____ MI _____

Mailing Address _____

City _____ State _____ Zip _____ Daytime Phone (____) _____ - _____

E-mail address _____ Primary interest: Pistol Rifle Shotgun Archery

Are you interested in competitive events? Yes No May we e-mail you about upcoming activities? Yes No

This is a release and waiver of claims which, when signed, contractually waives any claims against the Florida Fish and Wildlife Conservation Commission (FWC) and the Fish and Wildlife Foundation of Florida, Polk State College and Foundation that may arise in connection with your participation in activities at any FWC managed shooting range. **Please read it carefully before signing your name.**

It is recommended that pregnant women and children under age seven follow their physician's guidance concerning their presence on shooting ranges. Physicians may have concerns about exposure to airborne particulate lead and other factors.

In consideration of the opportunity afforded to me to participate in activities at any FWC managed shooting range, I, the undersigned, on behalf of myself and my heirs do freely subscribe to the following contractual obligation:

I fully understand the risks associated with participation in shooting activities at the FWC managed shooting range, and do hereby, and for my heirs, executors and assigns knowingly, freely and voluntarily assume all risk and liability for any damage or injury to person or property that may occur as a result of my participation in activities at any FWC managed shooting range, and do hereby release, discharge, and covenant not to sue FWC and the Fish and Wildlife Foundation of Florida their partners, officers, employees, agents, and volunteers, and do hereby waive and discharge all claims for damages that I might have against FWC and the Fish and Wildlife Foundation of Florida their partners, officers, employees, agents and volunteers for any reason, including FWC's negligence, and agree to indemnify and hold harmless FWC and the Fish and Wildlife Foundation of Florida their partners, officers, employees, agents, and volunteers, from and against any and all claims, damages, and judgments, of whatever nature, including attorney fees, that may be asserted or entered against any of them in connection with my participation in any activity at a FWC managed shooting range.

I have read the Release and Waiver of Claims and fully understand its terms, and understand that I have waived substantial rights by signing this release, and I have signed it freely and without inducement, coercion, or assurance of any nature, and intend it to be a complete and unconditional release of any and all liability, and agree that, if any portion of this Waiver and Release of Claims is held invalid by a court of competent jurisdiction, any portion not being held invalid shall remain in full force and effect.

In addition to reading this release, I affirm that I have also read the range rules and fully understand that if at anytime I fail to follow these guidelines or the orders of the range officers, my privilege to use these facilities may be denied.

YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE FWC HAS THE RIGHT TO REFUSE TO LET YOU PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Print Name of Applicant

Print Name of Witness

Signature Applicant

Signature of Witness

For FWC Staff Use Only

Driver's License # _____

Entered by _____

FWC Customer # _____

Membership # _____