



SEMINOLE COUNTY GUN AND ARCHERY ASSOCIATION, INC.
PO Box 2222
Sanford, FL 32772

PLEASE ANSWER THE FOLLOWING QUESTIONS

	<u>YES</u>	<u>NO</u>
NAME: _____		
ADDRESS: _____		
CITY, STATE, Zip: _____		
DRIVERS LIC. #: _____ DOB: _____		
Date: _____ Phone No. _____		
	HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR CRIME OF DOMESTIC VIOLENCE?	<input type="checkbox"/> <input type="checkbox"/>
	ARE YOU UNDER THE INFLUENCE OF ALCOHOL, CONTROLLED SUBSTANCES, OR ANY CHEMICAL SUBSTANCES HAVE BEEN ISSUED A RESTRAINING ORDER RESTRAINING YOU FROM COMMITTING ACTS OF DOMESTIC VIOLENCE?	<input type="checkbox"/> <input type="checkbox"/>
	Have You Ever Handled and Fired a Firearm and are you competent in the The use of such.	<input type="checkbox"/> <input type="checkbox"/>
	Do you know and follow the NRA Rules for Safe Gun Handling?	<input type="checkbox"/> <input type="checkbox"/>

AGREEMENT. RELEASE. INDEMNIFICATION. COVENANT NOT TO SUE. AND WAIVER OF LIABILITY
(READ CAREFULLY BEFORE SIGNING)

The undersigned agrees to abide all of Club Policies and Range Rules of Seminole County Gun and Archery Association, Inc. (Hereafter known as SCGAA, Inc.) and the undersigned represents that he or she understands all of these rules, and was given the opportunity to ask for clarification of any of the rules before signing this Agreement. The undersigned understands that the SCGAA, Inc. reserves the right to eject from the property and the premises of any individual who violates any of the Club Policies and Range Rules of SCGAA, Inc. or otherwise acts in any unsafe manner as determined by SCGAA, Inc.. The undersigned agrees to peaceably leave the property and the premises of SCGAA, Inc. if so ejected.

The undersigned further warrants and represents that all information provided above is true and correct. The undersigned understands that any possession of a firearm by a person convicted of a felony or convicted of a misdemeanor crime of domestic violence is a serious crime prohibited by Federal Law and/or Florida law and SCGAA, Inc. will cooperate fully with any and all Federal and State authorities with the investigation and prosecution of such crimes.

In consideration of the acceptance of my participation and/or the participation of my child or ward, directly or as a spectator or observer or as a Range safety Officer, or in any activity, class lesson, competition, demonstration, use of any firearm range(s) and or facilities, use of any Archery range/or facilities (including structures located thereon), use/rental of any firearm, use of the club house, use of the pavilion, or any other use of any of the facilities whatsoever of the SCGAA, Inc. (hereinafter, collectively, "Activity"). THE UNDERSIGNED AGREES TO ASSUME THE RISKS incidental to such participation and, on my own behalf, on behalf of my child or ward, and on behalf of my and my child's or ward's heirs, executors and administrators. I RELEASE INDEMNIFY, HOLD HARMLESS, COVENANT NOT TO SUE AND FOREVER DISCHARGE the Released Parties outlined below, of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with my participation and/or the participation of my child or ward in any such Activity. The Released Parties are The Seminole County Gun and Archery Association, Inc., its members, officers, directors, employees, agents, representatives attorneys, insurers, successors, property owners and assigns; . The undersigned expressly understands that the Release, Indemnification, Covenant Not to Sue, and Waiver of Liability provisions of this Agreement clearly and unequivocally include and apply to any claims based on the negligence (whether active or passive), ownership of any dangerous instrumentality, ownership of the premises, action or inaction of or by any of the above Released Parties, including, but not limited to claims for bodily injury death and property damage or loss suffered by me, my child or ward as a result of such participation in any Activity. Additionally, the undersigned further agrees to indemnify and hold the Released Parties harmless from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with my participation and/or the participation of my child or ward in any Activity which results in the personal injury or death of anyone whatsoever, or loss or damage to the property of anyone whatsoever (including the loss of use thereof).

This Agreement shall be governed by the laws of the State of Florida, and any legal action arising out of participation by myself, my child or ward in any Activity, or any litigation relating to the enforcement of this Agreement shall be commenced exclusively in either the Circuit Court of the Eighteenth Judicial Circuit in and for Seminole County, Florida, or the County Court and for Seminole County, Florida, as appropriate.

In entering into this Agreement, I hereby grant the Released Parties a limited power of attorney and authorization to obtain, at my cost, any and all emergency medical treatment may be needed by myself, my child or ward as a result or participation in any Activity. For the purposes of this Agreement, emergency medical treatment means medical care or treatment necessitated by a sudden, unexpected situation or occurrence resulting in a serious medical condition demanding immediate medical attention. However, I release, indemnify, and hold harmless, covenant not to sue, and forever discharge the Released Parties of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with the exercise or the failure to exercise such limited power of attorney and authorization, whether negligent or otherwise.

I expressly agree that this Agreement is intended to be as broad and inclusive as permitted by law, and that if any provision of this Agreement is held illegal, invalid or otherwise unenforceable, the enforceability of the remaining provisions shall not be impaired thereby, and such invalid part, term or provision shall not be deemed part of this agreement. I further agree that any ambiguities in this Agreement shall not be constituted in favor or against any party by virtue of that party having drafted the Agreement. No remedy conferred by any of the specific provisions of this Agreement is intended to be exclusive of any other remedy, and each and every remedy shall be cumulative and shall be in addition to every other remedy now or hereafter existing at law or in equity or by statute or otherwise. The election of any one or more remedy hereunder shall not constitute any waiver of the right to pursue other available remedies.

I certify that I am eighteen (18) years of age or older and that I am entering into this Agreement on my behalf and/or as parent or guardian of a child or ward under the age of eighteen (18). I further certify that I have received permission from the parent or other legal guardian of any child or ward accompanying me (who is not my child or legal ward) to allow such child or ward to handle and discharge firearms and that I am authorized to enter into this Agreement on their behalf.

I expressly understand that the, aforementioned Activity may include the discharge of firearms and the firing of live ammunition and this in whole can be a dangerous activity. I agree that I (and any child or ward accompanying me) will wear appropriate eyesight and hearing protection at all times while on any firing range. I further certify that I have completely read the foregoing and I expressly agree to all of the provisions of this Agreement.

SIGNATURE

PRINTED NAME(S) OF CHILD(REN) OR WARD(S)

BY SIGNING BELOW, I HEREBY CERTIFY THAT ALL INFORMATION ON THE FRONT OF THIS DOCUMENT REMAINS TRUE AND CORRECT, AND THAT IN CONSIDERATION OF THE ACCEPTANCE OF MY PARTICIPATION AND/OR THE PARTICIPATION OF MY CHILD OR WARD DIRECTLY OR AS A SPECTATOR OR OBSERVER IN ANY ACTIVITY (AS DEFINED ON THE FRONT OF THIS DOCUMENT), I HEREBY AGREE TO ALL OF THE TERMS AND CONDITIONS OF THE AGREEMENT. RELEASE, INDEMNIFICATION, COVENANT NOT TO SUE AND WAIVER OF LIABILITY THAT APPEAR ON OF FRONT OF THIS DOCUMENT AS OF THE DATE WHICH APPEARS NEXT TO MY SIGNATURE BELOW, JUST AS IF ALL OF THE LANGUAGE ON THE FRONT OF THIS DOCUMENT APPEARED DIRECTLY ABOVE MY SIGNATURE BELOW.

#	<u>Signature</u>	<u>Date</u>	#	<u>Signature</u>	<u>Date</u>
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