



# SHOOTING RANGE RELEASE FORM

THIS IS A RELEASE OF YOUR RIGHT TO SUE

This release may be used against you in a court of law if you sue any released party or person.  
(Please read carefully. Fill in all blanks and initial each paragraph before signing.)

Able's Sporting, Inc. 357 FM 1791 North, Huntsville, TX 77320

I, hereby affirm that I have been advised thoroughly informed of the inherent hazards of shooting and shooting related activities. Further, I understand that shooting involves certain inherent risks. Injuries or death can occur. I further understand that shooting is dangerous. I still choose to proceed with such activity in spite of the possible consequences.

- I understand and agree that neither my instructor(s), the facility through which I received my instruction, nor ABLE'S SPORTING, nor any of their respective employees, officers, agents or assigns, (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death, or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in this shooting activity or as a result of the negligence of any party, including the Released Parties, whether passive or active.
- In consideration of being allowed to utilize the range, I hereby personally assume all risks in connection with said course, for any harm, injury or damage that my befall me while I am shooting, including all risks connected therewith, whether foreseen or unforeseen.
- I further save and hold harmless said Range and Released Parties from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my shooting activity and participation in this activity.
- I also understand that shooting and shooting related activity are physically strenuous activities and that I will be exerting myself during this activity and that if I am injured as a result of a heart attack, panic, hyperventilation, etc., that I expressly assume the risk of said injuries and that I will not hold the above listed individuals or companies responsible for the same.
- I further state that I am lawful age and legally competent to sign this liability and release, or that I have acquired the written consent of my parent of guardian.
- I understand that the terms herein are contractual and not a mere recital, and that I have signed this document of my own free act.

IT IS MY INTENTION BY SIGNING THIS INSTRUMENT OF EXEMPTION AND RELEASE OF MY INSTRUCTORS, THE FACILITY THROUGH WHICH I RECEIVED MY INSTRUCTIONS, ABLES SPORTING AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFULL DEATH HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULL INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK BY READING IT BEFORE I SIGNED IT ON BEHALF OF MY HEIRS AND MYSELF.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
STREET CITY STATE ZIP

DRIVERS LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_ EXP. \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_