

**Wavier of Liability**

In consideration of my participation in the Henry County Firearms Range, I understand and acknowledge that I will be engaging in the activities that involve risk or serious injury, including permanent disability and death, severe social and economic losses which might result not only from my own actions, inactions or negligence, by the actions, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. I further understand and acknowledge that there may be other risks of participation in the Defensive Tactics Training that is not known and cannot be reasonably foreseen at this time. I hereby assume all the forgoing risks and accept personal responsibility for the damages following such injury, disability or death. Therefore, I do herby relieve, release, absolve and hold harmless Henry County, its officers, employees and agents of and against any liability or loss which may arise, should any injury or damage be sustained by the named participant, or others, as a result of my participation in the Firearms Range Use pursuant to the established rules and procedures for the Firearms Range Use unless arising out of the gross negligence or failure to follow appropriately established procedure by Henry County, its officers, employees and agents. This release shall be binding on my legal representatives, heirs and assigns.

**Firearm Range Wavier**

In consideration of the permission extended to me by Henry County and/or its Police Department, Sheriff's Department, and its members, to use its Firearms Range located within Henry County for any or all of the following purposes: to use the Firearms range; to participate in instruction in the use of firearms or ammunition, if any; firing firearms upon or within the range; observing others in the use of the Firearms range; or any other operation incidental to the use of being present, near, at upon or within the Firearms Range; and for the good and valuable consideration hereby acknowledge.

I, \_\_\_\_\_ a resident of \_\_\_\_\_ County, Georgia

Knowingly, freely and voluntarily and forever release and discharge Henry County, its officers, agents, employees, servants, successors, assigns and all persons whosoever, directly or indirectly, liable from any and all liability claims, causes or actions, and damages in any way, resulting from any personal injury, losses, or damages sustained by me, caused by or arising out of the ownership, operation, use, maintenance, administration, or control of said Firearms Range, meaning and intending to include herein all such personal injuries, conscious suffering, death or property damage resulting from or any way connected with or arising out of any use incidental thereto. I fully understand that my participating in this activity could result in personal injuries, conscious suffering, and death or property damage to myself or others.

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Voluntary Signature Date