

INFORMED CONSENT AND WAIVER OF LIABILITY
RECREATIONAL SHOOTING RANGE

PLEASE READ AND SIGN

I, understand that there are various risks involved with my participation and involvement in firearms recreational shooting at Marine Corps Community Services (MCCS) Recreational Shooting Range, Marine Corps Installations West-MCB Camp Pendleton, California on

(date and time). I understand that those risks include, but are not limited to, injuries or death caused by the following: gunshot; the negligence of other participants in the vicinity; faulty equipment or firearms provided by me or other participants; faulty ammunition provided by me or other participants; lighting conditions; weather; excessive noise; excessive distance to medical care facilities; and excessive traffic on routes to medical care facilities. I certify that I am physically able and have not been advised against participation in the event by a qualified health professional. I agree that, prior to participating in the event, I will inspect the event facilities, equipment, and areas to be used and, if I believe any are unsafe, I will immediately advise a person supervising the event;

In consideration of receiving the above participation, I hereby assume all risks associated with the recreational shooting and shall indemnify, waive, release, and forever discharge the U.S. Government; the U.S. Marine Corps; Marine Corps Installations West-MCB, Camp Pendleton, California; MCCS, and MCCS employees from any and all claims for damages, death, personal injury or property damage and litigation costs/attorneys' fees, arising from or contributed to, in whole or in part, by any act, omission, fault or mistake of the above-named persons or entities resulting from the above described recreational shooting. This informed consent and waiver of liability agreement shall be binding on my heirs and assigns and shall run in favor of the above-named persons or entities and any individuals in any way connected with the aforementioned Organized Rifle and Pistol Shooting.

I hereby authorize emergency medical treatment in the event of injury or illness. I also authorize trained health care providers, including, but not limited to physicians, nurses, nurse practitioners, and hospital corpsmen to administer routine and/or emergency medicines and treatments, as needed.

I certify that I have read all the provisions of this informed consent and waiver of liability form and fully understand all of the same. If any provisions contained in this informed consent and waiver of liability form are held to be invalid, void or illegal by any court of competent jurisdiction, the same shall be deemed severable from the remainder of this informed consent and waiver of liability agreement form and shall in no way affect, impair or invalidate any other provision herein contained.

Name of Participant

Signature:

Date:

Participant Parent Signature: (if Participant is under eighteen)

Witness:
