

**RELEASE OF LIABILITY CLAIMS/EXPRESS ASSUMPTION OF RISK**

I, the undersigned, in consideration for the opportunity to participate in a shooting event which is to be conducted at the Red Brush Rifle Range on \_\_\_\_\_, located on Eble Road in Warrick County, Indiana, agree to release any and all liability claims which may result from participation in said activity due to injury or damage regardless of whether such claims may arise as a consequence of the simple or gross negligence, willful or wanton conduct, or recklessness of said property owners, sponsors, or other participants in the activity. Said release from liability shall inure to the benefit of the Red Brush Rifle Range, Inc., the property owners upon which the activity is being conducted, and any members of the Red Brush Rifle Range, Inc., and/or other supervising personnel and/or instructors involved in the oversight of the shooting event referenced above.

I understand that certain dangers and risks may arise from my participation in the shooting event being conducted upon the property, including, but not limited to, gunshot wounds, lacerations, falls, cuts, insect bites, insect-borne diseases, broken bones, injuries to the eyes or face, death, or other personal injuries which may arise as a direct or indirect result of being upon the property and participating in said activities. I further understand and accept these risks, will be solely responsible for my own safety and well-being, and expect no affirmative action from the owners of said property or the persons or organizations who are sponsoring and/or conducting the shooting activity.

I further acknowledge and understand that:

- 1. I will use and wear all appropriate safety equipment – my failure to do so increases my risk of injury.
- 2. I have been allowed to inspect the range/property and accept such in its present condition.
- 3. The execution of this document will bar any claim or lawsuit for injury or death.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

_____ Participant's Printed Name	_____ Participant's Signature	_____ Date
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_____ Participant's Printed Name	_____ Participant's Signature	_____ Date

\_\_\_\_\_  
Witness

This document will remain in effect so long as I participate in the shooting activities upon the subject property or until it is revoked in writing and such writing is delivered to the property owners and sponsoring organizations by first-class certified mail, return receipt requested.

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