

# Madison Society Release of Liability

Print Your Full Name: \_\_\_\_\_

1. I hereby and forever RELEASE AND DISCHARGE the Madison Society and its employees, officials, instructors and agents, whether paid or volunteer, from any and all liabilities, claims, demands, or causes of action that I or my heirs, successors or assigns may hereafter have for injuries and damages arising out of participation in firearms activities and certification at any and all premises whatsoever, including, but not limited to losses caused by the passive or active negligence of the released parties or hidden, latent, or obvious defects in the premises or equipment used.
2. I understand and acknowledge that activities involving firearms and shooting involve the use of deadly weapons and have inherent dangers that no amount of care, caution, instruction or expertise can eliminate, and I expressly and voluntarily assume all risk of death and personal injury sustained while participating in this certification class, including the risk of passive or active negligence of the released parties, or latent or hidden or obvious defects in the equipment or premises used.
3. I acknowledge that I have been given the opportunity to read this entire document and that I have been told that I may take the opportunity to have it reviewed by my attorney. By signing this RELEASE, I acknowledge that I have read the foregoing and agree with the same, and do so with a full understanding that by signing it, I have released the Madison Society, the designated range, its employees, officials, instructors and agents, whether paid or volunteer, from all liabilities, claims, demands or causes of action that I or my heirs, successors or assigns may hereafter have for injuries and damages arising out of participation in firearms activities and certification in conjunction with this course.

I declare under penalty of perjury that this is true and correct, that I give this release freely and voluntarily, and that *this* declaration was executed in Stanislaus County, California, on

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_