Whistling Pines
Gun Club, Inc.

WAIVER OF LIABILITY

RELEASE, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

I wish to engage in firearms shooting activities at Whistling Pines Gun Club, Inc., located at 1412 Woolsey Heights, Colorado Springs, CO. 80915. I understand that engaging in these activities may be hazardous, with accompanying risks of personal injury, death, and/or loss or damage to my property. In consideration of my participation in such shooting activities, I, on my own behalf and that of my heirs, successors, representatives, administrators and assigns, hereby:

1. Waive and completely release any and all, past, present or future claims, causes of action, suits, rights, damages, costs, expenses or obligations or demands of any kind whatsoever, I, or anyone on my behalf might have against Whistling Pines Gun Club, Inc., its parent, affiliates, subsidiaries or successor corporations and the owners of Whistling Pines Gun Club, Inc., and their respective officers, directors, servants, employees, agents, representatives and contractors (the "Released Parties"), for any loss, damage, personal injury, death and/or loss or damage to my property resulting from my participation in such shooting activities;

2. Agree to indemnify, defend and hold harmless Whistling Pines Gun Club, Inc., and the other Released Parties, from any and all claims by any person, firm, corporation or others, for any damages, loss or claims, of any nature, arising in any way out of my participation in such shooting activities; and

3. Assume all risks associated with such activities and all responsibility for medical expenses, costs and/or other obligations and other losses or injuries to me or in which I may become involved, by reason of my participation in such shooting activities at the aforementioned facility.

I further certify that I am over 18 years of age and have read and understand this Waiver of Liability and have executed this instrument voluntarily on this date.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY THIS ___ DAY OF _____________________, 20_____

__________________________  __________________________
Signature                  Witness

__________________________
Printed Name

Form WPGC 10 – Adult Waiver, Certification  Apr 11 08
Whistling Pines Gun Club

Youth Waiver of Liability Release, Hold Harmless and indemnification Agreement

I am the responsible parent/legal guardian of ________________________________, (Date of Birth: __________________). I certify that the above child has my permission to shoot at Whistling Pines Gun Club located at 1412 Woolsey Heights, Colorado Springs, CO. 80915. I understand that engaging in these activities may be hazardous, with accompanying risks of personal injury, death, and/or loss or damage to my property. In consideration of my child’s participation in such shooting activities, I, on behalf of my child and that of my child’s heirs, successors, representatives, administrators and assigns, hereby:

1. Waive and completely, release any and all, past, present or future claims, causes of action, suits, rights, damages, costs, expenses or obligations or demands of any kind whatsoever, I, or anyone on my behalf might have against Whistling Pines Gun Club, and its respective officers, directors, servants, employees, agents, representatives and contractors, for any loss, damage, personal injury, death and/or loss or damage to my property resulting from my child’s participation in such shooting activities:

2. Agree to indemnify, defend and hold harmless Whistling Pines Gun Club and other Released Parties, from any and all claims by any person, firm, corporation or others, for any damages, loss or claims, of any nature, arising in any way out of my child’s participation in such shooting activities: and

3. Assume all risks associated with such activities and all responsibility for medical expenses, costs and/or other obligations and other losses or injuries to me or in which my child may become involved, by reason of my child’s participation in such shooting activities at the aforementioned facility.

I further certify that I am over 18 years of age and have read and understand this Waiver of Liability and have executed this instrument voluntarily on this date.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY THIS _____ DAY OF ____________, 20__.

__________________________________________
Witness

__________________________________________
Signature

__________________________________________
Printed Name

Form WPGC 11.8.14.09