

City of Aurora, Colorado
Aurora Police Department Firing Range
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT FOR FIRING RANGE USE

I, _____ [print full name legibly] have voluntarily chosen to participate in firearm use at the Aurora Police Department Firing Range, 18301E. 8th Ave, Aurora, CO 80111.

I FULLY UNDERSTAND AND ACKNOWLEDGE THAT:

- Use of firearms is a potentially a hazardous activity and a HIGH-RISK ACTIVITY.
- I am voluntarily participating in this activity with full knowledge of the danger involved.
- I will abide by all rules and regulations of the firing range including, but not limited to, those rules and regulations listed below.
- I will pay for all unwarranted damage caused by me, my firearm(s), ammunition, and/or vehicle to the firing range.

I AGREE ABSOLUTELY AND UNEQUIVOCALLY TO THE FOLLOWING STATEMENTS:

- I accept any and all risk of injury of any kind, including an injury or incident that results in my death that may occur or arise from my use of, or presence at, the firing range.
- I agree to waive, hold harmless, and forever discharge any obligation or liability of the City of Aurora, including the Aurora Police Department, its officers, employees, and agents from any claim arising from my presence at the firing range and/or use of the firing range facilities. This release is for all liability for personal injuries (including death) and property losses or damage occasioned by, or in connection with, any activity on the firing range property.
- I agree to indemnify the City of Aurora, including the Aurora Police Department, its officers, employees, and agents from and against claims of any type, demands, damages, liabilities, costs or expenses of any kind whatsoever, including attorney's fees and costs, which may be sustained, suffered or incurred by these named parties as a result of any claims asserted by any other person or entity because of or arising from my use of, or presence at, the firing range.
- I agree to comply with all of rules and regulations of the Event, and to follow the instructions of the police officer(s) in charge. If I fail to do so, I may be asked to leave the Event.
- As a condition of being permitted to participate in this Event, I release the City of Aurora, its departments, elected officials, agents, and employees from all claims and liability in any causes of action, including but not limited to negligence, claims for personal injury or death, or claims for property loss or damage, which I may have on account of my participation in the Event or related to any happening or occurrence while I am attending the Event. In addition, and for the same grant of permission, I promise to release and promise not to sue the City, its departments, elected officials, agents, and employees, and agree to forever hold them and each of them harmless from any such liability, claims, demands, actions or causes of action.
- The terms of this Waiver and Release shall be in full force and effect for the entirety of the Event.
- I agree this Waiver and Release is binding upon me and my heirs, executors, administrators, personal representatives and assigns, and shall inure to the benefit of the said City, officers and agents, public officials and their heirs, executors, administrators, personal representatives, assigns and successors in office.
- I consent to and authorize the administration of all emergency medical treatment deemed necessary by the Aurora Police Department, its officers, employees, and agents.

- I HAVE CAREFULLY READ THE ABOVE WAIVER AND RELEASE.
- I UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT.
- I SIGN IT VOLUNTARILY, WITHOUT INDUCEMENT, OF MY FREE WILL.
- I ACKNOWLEDGE THAT THIS WAIVER AND RELEASE INCLUDES AND COVERS THIS HIGH-RISK ACTIVITY.

 PARTICIPANT SIGNATURE

 DATE

 PARENT/GUARDIAN SIGNATURE

 DATE

 POST ADVISOR SIGNATURE

 DATE

Please note:

- Site Safety Plan is posted in the Range building.
- Any accident or injuries must be reported to the Emergency Contact listed on the Site Safety Plan.
- Ballistic vests will be worn by both instructors and shooters.
- Visible identifier recommended for firearms Instructors (bright shirt or hat).
- NO WEAPONS LOADING, UNLOADING OR HANDLING EXCEPT IN DESIGNATED AREA.
- Radio and/or phone are available to attendees in the event of emergencies.
- Emergency medical equipment is on-site, near the police radio.

Police Explorer Emergency Contact and Medical Information

Explorer's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
()	()	()	()
Primary Phone	Work Phone	Primary Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact		
()	()	()	()
Primary Phone	Work Phone	Primary Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

I give permission for my child to participate in 2019 Explorer Pistol Competition on June 22nd, 2019. I release the Aurora Police Department, Explorer Post 2024 and individuals from liability in case of accident during activities related to Aurora Police Department hosted Explorers Pistol Competition.

Parent's/Guardian's Signature

Date

Post Advisor's Signature

Date

Explorer Post Name