

DEPARTMENT OF CORRECTIONS RELEASE OF LIABILITY

THIS IS A RELEASE OF LIABILITY--READ BEFORE SIGNING

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY FIRING RANGE EVENT.

IN CONSIDERATION of the mutual covenants contained herein, and additionally, in consideration of the undersigned's being permitted to enter upon and partake in activities upon any training facility to include, but not limited to, firing ranges and obstacle courses owned, leased and/or operated by the Department of Corrections and in consideration of being permitted to participate in any way or in any manner in activities associated with a training facility, to include, but not limited to, firing ranges and obstacle courses under the ownership and/or control and/or auspices of the State of Florida, Department of Corrections, _____, the undersigned hereby acknowledges, consents and agrees as follows:

1. I acknowledge that the risk of injury or death from the activities associated with and/or involved in or upon any training facility to include, but not limited to, firing ranges and obstacle courses is significant, including the potential for permanent disability and death. I further acknowledge that protective equipment and personal discipline may minimize this risk of serious injury or death.

2. I represent that I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Department of Corrections and/or those persons released from liability as set forth herein below, and I assume full responsibility for my participation for any injury, death or damages caused by my actions.

3. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless from any and all liability the State of Florida, Department of Corrections, the owner and/ or lessor of the premises used to conduct training activities. I further hereby release and hold harmless the Department of Correction's officers, officials, agents and/or employees ("Releasees"). Such release to the Department of Corrections and the Releasees shall apply to and be with respect to any and all injury, disability, death or loss or damage to any person or property whether caused by the negligence of the releasees or otherwise and whether caused by any person or by any incident and/or whether caused by a person or incident that is unknown or is later determined to be unknown. I understand and agree that this Release of Liability Agreement covers each and every training activity, to include, but not limited to, firing range and obstacle course activity and event in which I participate upon such premises owned or leased and/or operated by the Department of Corrections. This release applies whether I am participating, observing or utilizing the Department's training facilities to include, but not limited to, firearms and obstacle course training, practice or any other purpose as I acknowledge mere presence upon these areas could be inherently dangerous.

4. I acknowledge and agree that this release, waiver and indemnity agreement is intended to be as broad and as inclusive as permitted by the laws of the State of Florida and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, I FULLY UNDERSTAND ITS TERMS, AND I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I SIGN THIS RELEASE FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Date Signed: _____ Phone #: (____) _____

PARTICIPANT'S SIGNATURE (or legal guardian, if minor)

Date of Birth _____

ADDRESS

CITY,

STATE ZIP CODE

Sworn to and Subscribed before me personally by _____, who after being duly sworn did state that he/she has read the above release and executes this release freely and voluntarily this ___ day of _____.

Notary Public
Printed Name of Notary
My Commission Expires

Seal

Identification by: check one () Driver's License
() Picture Identification by _____

EMERGENCY MEDICAL PERMISSION FORM (APPLICABLE ONLY IF PARTICIPANT IS A MINOR)

The undersigned parent or guardian hereby gives permission, to authorize emergency medical treatment as may be necessary for the child named below, while upon the FIRING RANGE owned or leased by the Department of Corrections.

NAME () PHONE

ADDRESS

CITY, STATE ZIP

SIGNATURE OF PARENT OR GUARDIAN