

Bills Gun Shop & Range

I am a new shooter: More Information on classes:

Name: _____

Sharing shooters names: _____

Address: _____

City, State, Zip: _____

WAIVER OF LIABILITY:

***RISK OF LOSS:** Shooter assume all dangers and risks of loss, injury and/or damage incidental to the discharge of firearms and weapons within the shooting facilities, whether such loss, injury and/or damage shall be caused by the actual or passive negligence of the facility's owner, employees, agents or otherwise and agree to discharge, release and hold harmless the owner, employees and agents from any and all claims or injuries that may arise out of, or in connection with use of the facilities*

I HAVE READ AND UNDERSTAND ALL OF THE RANGE RULES AND LIABILITY WAIVER:

Signature: _____ Date: _____

Sharing Shooter Signatures: _____

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