PAINTED WOODS SPORTING RANGE

Annual Liability Waiver

I, ______, being over the age of eighteen years hereby agree to follow and adhere to the Painted Woods Sporting Range safety rules and procedures while utilizing, participating in shooting and/or training events, or being present on the Painted Woods Sporting Range facility, sporting clays ranges, 5-Stand sporting clays ranges, trap fields, skeet fields, rifle range, archery or any other activity on the grounds of Painted Woods Sporting Range. I further acknowledge the risks inherent in firearms training, firearms practice, and the use of firearms.

I agree to release Painted Woods Sporting Range and the owner and/or the owners of Painted Woods Sporting Range, their agents, employees, designees, appointees, coaches, and instructors from any and all manner of action and actions, cause or causes of actions, suits, damages, judgments, and claims of any kind what so ever, in law or equity, which may result or are in any way connected or related to injuries which I may sustain while engaging in firearms events, firearms training, firearms exercises, or for any activity which involves the use or discharge of a firearm or archery equipment.

I further agree to indemnity and hold harmless, to the extent permitted by North Dakota Law, Painted Woods Sporting Range and the owner and/or owners of Painted Woods Sporting Range, their agents, employees, designees, appointees, coaches, and instructors from any and all manner of action or actions, cause or causes of actions, suits, damages, judgments, and claims of any kind what so ever, in law or equity, which my spouse or another can recover for injuries which I may sustain as a result of engaging in firearms events, firearms training, firearms exercises, or for any activity which I, or another, use or discharge a firearm while at the Painted Creek Sporting Range sporting clays ranges, 5-Stand sporting clays ranges, trap fields, skeet fields, rifle range, archery field or any other activity on the grounds of Painted Woods Sporting Range.

I hereby acknowledge that I have read and understood this Agreement on this

_____day of ______, 20_____.

* IF YOU ARE EVER ASKED TO "LEAVE THE PREMISES" – YOU WILL NEVER BE ABLE TO RETURN

Signature of Participant

Signature of Witness

Printed Name of Participant

Printed Name of Witness

This release expires one year from date of issuance.