

**PARTICIPATION WAIVER FOR ADULTS
LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT**

In consideration of being allowed to participate in the Program named below, I hereby release, absolve, indemnify, hold harmless and waive all claims against the Lexington-Fayette Urban County Government in the event of injury. I further state that I am in proper physical condition to participate and further understand that the Urban County Government will not provide any form of medical insurance and that any expenses incurred as a result of any injury sustained by me in the Program named below will not be the responsibility of the Urban County Government, Bluegrass Crime Stoppers or any of its agents or employees.

_____ Initial

BLUEGRASS CRIME STOPPERS PISTOL SHOOT (SHOOTOUT)

Name of Program _____

Division of Police Firearms Training Facility – 4300 Airport Road, Lexington, KY _____

Program Site _____

In consideration of being give the opportunity to shoot at LFUCG Division of Police Range, 1 Airport Drive, Lexington, KY, 40510, I, for myself, my personal representatives, assigns, heirs and next of kin:

1. ACKNOWLEDGE, agree and represent that I fully understand the nature of firearms shooting and the safe handling of firearms and that I am qualified, in good health, and in proper physical condition to participate in such a shooting competition.

2. FULLY UNDERSTAND that:

(A) SHOOTING ACTIVITIES INVOLVE RISKS AND DANGERS of serious bodily injury, including permanent disability, paralysis and even death (“risks”);

(B) these risks may be caused by my own actions, or inactions, or the action of others participating in sport shooting, the condition in which the shooting takes place, or the negligence of the “releases” named below;

(C) there may be other risks and social and economic losses either not known to me or not foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of participation in SHOOTING AT LFUCG DIVISION OF POLICE RANGE.

3. HEREBY RELEASES discharge, and covenant not to sue, LFUCG DIVISION OF POLICE, BLUEGRASS CRIME STOPPERS, their administrators, directors, agents, officers, volunteers and other participants, from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise, including negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk and indemnity agreement, I or anyone on my behalf, makes a claim against any of the releases, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the releases from any litigation expenses, attorney fees, loss liability, damage, or cost which may incur as the result of such a claim. **Participant must be Age 21 or over to participate.**

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any induction or assurance of any nature and intend it to be complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force.

_____ Initial

LFUCG DIVISION OF POLICE RANGE
NAME OF PARTICIPANT – MANDATORY INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ D.O.B. _____ EMAIL: _____

SIGNATURE: _____ WITNESS: _____

PARTICIPANT SIGNATURE (MUST BE Age 21 or Over to Participate)