



Ashland Gun Club

Practical Shooting Division



Wavier of Damages

I, _____ do hereby waive any and all claims for damages against Ashland Gun Club, Practical Shooting Division, their members and officers or the owners of the area where club activities may take place, arising from my participation in any club activity.

I further agree to abide by all safety regulations and by-laws of the club. I understand that my failure to comply with the club and range safety regulations, can, depending on circumstances, result in my disqualification from a stage or the entire match, my removal from the activity, or the suspension from the club.

I certify that I am 18 years of age, that I have never been under court orders prohibiting me from the possession or use of firearms, convicted of a crime of violence, nor am I currently under indictment for a felony.

I certify that I have never been committed to a mental hospital by court order.

I certify that I am not a member of any organization having as its purpose or one of its purposes the overthrow by force of the Government of the United States.

I certify that the skills learned or practiced at the club actives will be used by me to develop my own abilities in the safe recreational use of firearms, and that I have no intent to unlawfully employ any firearms or techniques in a civil disorder.

Signature: _____

Date: _____

Upon completion of this form, you may bring it to the range during a scheduled match or mail it to the following address:

Ashland Gun Club
Robert Stoehr
3216 Walters Hill Drive
Ashland, KY 41101

Optional:

Name: _____ Date: _____

Address: _____

City/State: _____ Zip: _____ Phone: _____

Email Address: _____