

**CHEROKEE GUN CLUB  
WAIVER OF LIABILITY; INDEMNIFICATION AGREEMENT  
AND COVENANT NOT TO SUE**

**NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. BY SIGNING THIS AGREEMENT, YOU GIVE UP YOUR RIGHT TO BRING A COURT ACTION TO RECOVER COMPENSATION OR OBTAIN ANY OTHER REMEDY FOR INJURIES TO YOURSELF OR YOUR PROPERTY ARISING OUT OF YOUR USE OF FACILITIES OF THE CHEROKEE GUN CLUB, NOW OR ANY TIME IN THE FUTURE.**

I, the undersigned user, hereby acknowledge and agree that target shooting, the use of firearms and the use of the facilities of Cherokee Gun Club located in Hall County, Georgia ("CGC") may be dangerous and may involve the risk of serious bodily injury. I have full knowledge of the nature and extent of all of the risks associated with the use of the CGC facilities, including, but not limited to: (1) all manner of injury, including, but not limited to death and/or paralysis, arising from target shooting, the use of firearms or their discharge; (2) injuries resulting from intentional or inadvertent discharge of firearms by myself or others using the CGC facilities, including loss of hearing, burns, blindness, or other injury; (3) injuries resulting from explosions, contact with projectiles and hardware; and (4) failure or misuse of any equipment, whether owned and maintained by CGC or otherwise. I have been advised that the use of vision and hearing protection is required at all times when present on the facilities of CGC. If I choose not to use such protection, I agree to assume the additional risks associated with lack of their use. I acknowledge that the above list is not inclusive of all the possible risks associated with my use of CGC and that the above list in no way limits the extent of this Waiver of Liability/Indemnification Agreement and Covenant Not to Sue.

In consideration of my use of CGC, I agree to release and, on behalf of myself, my heirs, representatives, executors, administrators and assigns (the "Releasors"), HEREBY DO RELEASE CGC, its owners, shareholders, officers, directors, employees and agents (the "CGC Releasees") from any cause of action, claim, or demand of any nature whatsoever (except for their gross negligence or willful misconduct) which the Releasors may now have or have in the future against the CGC Releasees on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my use of CGC facilities, whether that use is supervised or unsupervised, and however the injury or damage is caused, including but not limited to the negligence of the CGC Releasees. I further covenant that I shall bring no civil action against the CGC Releasees based upon any of the foregoing. I understand that I will be solely responsible for any loss or damage including, but not limited to, death or paralysis, that I may sustain while using CGC and that by signing this Agreement, I am relieving the CGC Releasees of any and all liability for such loss, damage or death (other than as a result of their gross negligence or intentional misconduct).

I do hereby further agree to INDEMNIFY AND HOLD HARMLESS the CGC Releasees from any and all causes of action, claims, demands, losses or costs of any nature whatsoever (except for those resulting from the gross negligence or willful misconduct of the CGC Releasees) arising out of or in any way relating to my use of CGC (excluding any violation of environmental laws). I further certify that I am in good health and that I have no physical limitations that would preclude my safe use of CGC facilities.

I acknowledge that the foregoing agreement is intended to be as broad and inclusive as permitted by the law of the State of Georgia and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect. I understand that the terms of this agreement are legally binding and that I am signing this agreement, after having carefully read it, of my own free will.

IN WITNESS WHEREOF, I have read and executed this agreement this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

User Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ \*Age \_\_\_\_\_

Name (Print): \_\_\_\_\_ \*Parent/Guardian \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*Under age 18 requires approval of parent or guardian**

Cherokee Gun Club Member? Circle one. Yes No