Robb Jeffrey Distinguished Range (1000 Plus LLC)

STATEMENT OF RISK, ACCEPTANCE OF LIABILITY, WAIVER OF RIGHTS OF ACTION AND PHOTOGRAPHIC RELEASE

Printed Name:_____ Date:_____/_____/_____

The following is set forth by the Robb Jeffrey Distinguished Range (1000 Plus LLC), in order that the participants are informed of the risks inherent in our sport and the safety responsibilities they must assume.

The safety rules set forth in 1000+ Rules and Regulations, all of which apply to this event, must be strictly adhered to. The event officials cannot be everywhere at any one time, nor can they see every angle from the position that they occupy at any one point in time. We must, therefore, rely on our participants to assist us.

Each competitor is required to familiarize him/herself with potentially dangerous situations and agrees to take personal responsibility for taking whatever actions are necessary to prevent these situations from arising or to diffuse them after they have arisen. It is each participant's responsibility to adhere to, and to inform his/her guests of the safety rules set forth below:

THIS SPORT HAS THE POTENTIAL TO BE LIFE-ENDANGERING.

Dangerous Situations:

- Pointing a firearm at any direction other than down-range, whether loaded or not, or at any part of your body.
- Dropping a firearm, whether loaded or not.
- Possessing a loaded firearm, other than on the firing line or in the designated loading zone and under the supervision of a range officer.
- Positioning yourself in such a way that you may be "swept" by the muzzle of a competitor's firearm.
- Putting your finger in the trigger guard during the draw, prior to the firearm becoming level to the ground, or prior to your being balanced and prepared to fire.
- Using a holster which does not hold the firearm securely or a holster which carries the firearm in a dangerous manner.
- Improperly loaded ammunition, or ammunition that fails to comply with the Robb Jeffrey Distinguished Range (1000 Plus LLC).
- Being in the immediate firing line without hearing and eye protection in place, including children and infants.
- Consumption by a competitor of any substance which may impair physical or mental capacity (IE: alcoholic beverages, certain prescription and non-prescription drugs and/or medications, narcotics) prior to or during shooting.
- Public consumption or possession of any alcoholic beverage by any person in the range area.

WARNING: The above list is not all inclusive.

By signing this document, I agree: 1) to assume personal responsibility as described herein; 2) to personally assume the risks involved; 3) to waive the rights of action against the Robb Jeffrey Distinguished Range (1000 Plus LLC) and their members (voting or associate), employees, agents and/or participants, and/or sponsors and/or shareholders listed as follows; D. Michael Jeffrey, Joe P. Jeffrey, S. Dianne Jeffrey, J. Kyle Seese, W. Robb Jeffrey, III, Sarah J. Settles, Martha J. Jeffrey, Sue A. Rouse, Judy K. Kimball, Jane R. Berreckman, Amy D. Hill, that may arise in connection with any event conducted by the Robb Jeffrey Distinguished Range (1000 Plus LLC) and ; 4) I certify that I have received, read and understand the safety guidelines set forth by the Robb Jeffrey Distinguished Range (1000 Plus LLC) and I agree to conduct myself accordingly as an associate of the 1000 Plus LLC.

I further understand that (commercial) still, video and/or motion picture photography may occur during the course of this event and that so long as I am in the general area of the event's activities, I may be included in said photography. Should I wish not to be included in any photography that may occur, I understand it is my individual responsibility to remain aware of photographic activity and to remove myself from the area or event being photographed.

_____ _____

Signature of participant Date | Printed name of legal guardian if shooter is under 18

_____ _____

Witness Date | Signature of legal guardian if shooter is under 18 Date

ADDRESS:_____

PHONE: (____)_____ EMAIL:_____

Do you have any medical condition that we should be aware of in case of an emergency? (Diabetes, heart problems, seizures,hypertension,etc.)?_____

Do you have any allergies to any medications? If so, please list: _____

Any medications that are taken in an emergency? If so, please list:_____

Do you have them immediately available? If so, where are they located?_____

Emergency Contact:_____ Emergency Phone:_____

THIS INFORMATION IS FOR EMERGENCY PURPOSES ONLY AND WILL REMAIN CONFIDENTIAL. THANK YOU.