



LIABILITY WAIVER

I, _____, being over the age of eighteen years, hereby agree to follow and adhere to the Chatham County Sheriff's Office range rules and procedures while utilizing or being present on the Chatham County Sheriff's Office Firearms Training Facility (range) located at 1050 Carl Griffin Drive, Savannah Georgia, 31405. I further acknowledge the risks inherent in firearms training, firearms practice, and the use of firearms.

I agree to release Chatham County Sheriff's Office and the Sheriff of Chatham County, his agents, employees, designees and appointees 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 training, firearms exercises, or for any activity which involves the use or discharge of a firearm.

I further agree to indemnify and hold harmless, to the extent permitted by Georgia Law, Chatham County Sheriff's Office and the Sheriff of Chatham County, his agents, employees, designees and appointees 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 my spouse or another can recover for injuries which I may sustain as a result of engaging in firearms training, firearms exercises, or for any activity which I, or another, use or discharge a firearm while at the Training Facility.

I swear and/or affirm that I am of at least 18 years of age, am of good character and moral standing and am legally entitled to possess and/or purchase a firearm. I have no criminal convictions, pending criminal charges, indictments or suffer from any form of mental illness that would prohibit me from legally and safely possessing and using a firearm, or would be detrimental or dangerous to me or others while utilizing the facilities of the Chatham County Sheriff's Office.

Are you on probation? **Yes/No** Have you ever been convicted of a felony? **Yes/ No**

I hereby acknowledge that I have read and understood this Agreement on this _____ day of, _____ 20____ .

Participant Signature

Witness Signature

Printed Name of Participant

Printed Name of Witness