



HOLD HARMLESS/RELEASE FORM

As a voluntary participant using the City of Dublin, Police Department, Firing Range, for weapons qualification (“Activity”), I verify that I have received proper instruction and training from a City of Dublin, Police Firing Range Officer and fully understand the operation of facility equipment, its policies and procedures. I recognize and acknowledge that there are certain risks and I agree to assume all such risks including any damages resulting from physical injuries, death, loss of services or consortium, loss or damage of property, or any other loss which I may sustain as a result of participating in any and all Activities connected with or associated with such facility. I agree to follow the rules and regulations for safety reasons outlined by the Range Officer. The City of Dublin does not offer any medical insurance to protect me against any of the above risks, and makes no claims to do so, and has no responsibility for any medical expenses I incur.

In consideration of the City of Dublin allowing me to participate in this Activity, and with the intent to be legally bound I, hereby, for myself, all heirs, executors, administrators, and assigns do hereby forever release, waive, and relinquish all claims I may have as a result of participating in this Activity. Furthermore, I agree to hold harmless, indemnify, and defend the City of Dublin, its respective officers, agents, and employees from any and all liabilities, claims, damages, losses, expenses, demands, actions, or causes of action resulting from physical injuries, including death loss or damage to personal property, or any other loss to me arising out of my participation in this Activity.

READ CAREFULLY

By Signing This You May Give Up Legal Rights

Signature of Participant

Date

Printed Name

Agency