

## Siuslaw Rod & Gun Club Non-Member Liability Waiver

***This waiver is valid for one day only and must be filled out every time you enter the club.***

By signing below, I acknowledge that I am a non-member guest of the Siuslaw Rod & Gun Club, located at 87227 Munsel Lake Road, Florence, OR 97439. I understand that participation in shooting sports involves inherent risks, including but not limited to the handling and discharge of firearms, exposure to loud noise, and the actions of others on the range. I voluntarily assume all risks of personal injury, property damage, or other loss that may occur while on club property or participating in any activity. I agree to fully release, indemnify, and hold harmless the Siuslaw Rod & Gun Club, its officers, members, volunteers, and agents from any and all liability, claims, demands, or causes of action arising from my presence or participation, whether caused by negligence or otherwise, to the fullest extent permitted by Oregon law.

I understand that a current club member must accompany me at all times while I am on the property, and that I may not use any facility unless this waiver is signed, dated, and deposited in one of the club's designated locked waiver boxes located at the pistol, rifle, trap, action ranges or sporting clays areas. I agree to comply with all posted rules, safety procedures, and instructions provided by club members or range personnel. I certify that I am legally allowed to handle and discharge firearms under federal and Oregon state law. I acknowledge that my failure to follow rules or directions may result in immediate removal from the premises and loss of future access. My signature below confirms that I have read and understand this waiver in full and agree to be bound by its terms.

***If there are more than one non-member fill out the names and city below.***

Name	City	Name	City

Non-Member Print Name: \_\_\_\_\_

City / State / ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Accompanying Member's Name (Print): \_\_\_\_\_

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This completed and signed form must be deposited in one of the locked boxes located at the Pistol, Rifle, Trap Action Ranges, or Sporting Clays ranges before using any range or facility.*