



**WAIVER OF LIABILITY, RELEASE, ASSUMPTION OF RISK & INDEMNITY AGREEMENT**

**PLEASE PRINT**

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

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

This is a release and waiver of claims which, when signed, legally waives any potential claims against **CAMDEN COUNTY BOARD of COMMISSIONERS as operator of Camden County Two Rivers Gun Range** that may arise in connection with your participation in activities at **Camden County Two Rivers Gun Range**. **PLEASE READ CAREFULLY BEFORE SIGNING.**

In consideration of the opportunity afforded to me to participate in activities at Camden County Two Rivers Gun Range, 1006 Georgia Highway 110, Folkston, Georgia 31537, I, the undersigned, on behalf of myself, my heirs, executors, and assigns, do freely agree to the following:

I fully understand the risk associated with the participation in shooting activities at the Camden County Two Rivers Gun Range, and do hereby, and for my heirs, executors, and assigns knowingly, freely and voluntarily assume all risk and liabilities for any damage, injury, or death to me, my person or property that may occur as a result of my participation in any firearm activities at the Camden County Two Rivers Gun Range, and do hereby release, discharge, and covenant not to sue CAMDEN COUNTY BOARD of COMMISSIONERS as operator of Camden County Two Rivers Gun Range, its partners, officers, employees, agents, and volunteers, and do hereby waive and discharge all claims for damages that I might have against CAMDEN COUNTY BOARD of COMMISSIONERS as operator of Camden County Two Rivers Gun Range, its partners, officers, employees, agents, and volunteers for any reason, including Camden County Two Rivers Gun Range negligence, and agree to indemnify and hold harmless CAMDEN COUNTY BOARD of COMMISSIONERS as operator of Camden County

Two Rivers Gun Range its partners, officers, employees, agents, and volunteers from and against any and all claims, damages, and judgments of whatever nature, including attorney's fees, that may be asserted or entered against any of them in connection with my participation in any activity at Camden County Two Rivers Gun Range.

I have read the Release and Waiver of Claims and fully understand its terms, and understand that I have waived substantial rights by signing this release, and I have signed it freely without inducement, coercion, or assurance of any nature, and intend it is to be a complete and unconditional release of any and all liability, and agree that, if any portion of this waiver and release of claims is held invalid by a court of competent jurisdiction, any portion not being held invalid shall remain in full force and effect.

I hereby affirm that I am **NOT** a convicted felon and my possessing or shooting of any firearm at Camden County Two Rivers Gun Range is **NOT** a violation of any state or federal law.

In addition to reading this release, I affirm that I have also read the range rules and fully understand that if anytime I fail to follow these guidelines or the orders of the range officers, my privilege to use these facilities may be denied or revoked.

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Print Name of Applicant

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Print Name of Witness

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Signature of Applicant

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Signature of Witness

Click Red Button to Submit Via Email

Participants may also choose to return this form via email to [tworivers@co.camden.ga.us](mailto:tworivers@co.camden.ga.us).

**HOW DID YOU HEAR ABOUT US? (Choose ALL that Apply)**

Social Media (Facebook, Twitter, etc.)

Radio

Newspaper

Television

Word of Mouth