

City of Longmont - Colorado
Longmont Department of Public Safety and Boulder County Sheriff's Office
Firing Range and Training Center Participation Form

Participant Name: _____ DOB: _____

Address: _____ Phone: _____

City, State, Zip: _____

If a guest of a range member, list the member's name: _____

Do you require any **reasonable accommodation** to safely participate on the Range? If so, please describe: _____

Emergency Medical Authorization

In the event of injury or illness, I give permission to the City of Longmont and its employees and volunteers to obtain emergency medical treatment for me. I agree to pay all reasonable expenses for medical and related treatment obtained and further agree that the City of Longmont is not liable for payment of such expenses.

Emergency Contact Name: _____ Phone: _____

Liability Waiver and Hold Harmless Statement for Participation in the Longmont Firing Range

I understand that there are certain risks involved with participating in the City of Longmont Firing Range. On behalf of myself or minor child identified below, I hereby **Release, Discharge and Agree to Hold Harmless The City of Longmont, Its Officers, Agents, Volunteers, Assistants, and Employees**, from any and every claim, demand or action of any kind arising due to bodily injury, illness, death, and/or property damage resulting from any incident which may occur to me as a result of participating in the City's activities. This **Release, Liability Waiver, and Hold Harmless Statement** does not apply if such injury, death or damage is caused by the willful, reckless, or gross negligence of the City of Longmont, its officers, agents, volunteers, assistants, or employees.

Signed: _____

Printed Name: _____

Parent/Guardian's Signature: _____

Parent/Guardian's Printed Name: _____

Printed Name of Minor Child: _____

Date: _____