



MINOR WAIVER OF LIABILITY

I, _____, being the legal guardian or parent of _____ ("minor child"), hereby agree, on behalf of the minor child, that the minor child is **at least 10 years of age** and will follow and adhere to the COUNTRY FOLKS SUPERSTORE GUN RANGE (hereinafter "SHOOTING RANGE") safety rules and procedures while utilizing or being present at the SHOOTING RANGE located at 2730 Spot Rd., Cumming, GA 30040. I further acknowledge the risks inherent in firearms training, firearms practice, and the use of firearms.

I, on behalf of the minor child, agree to release the SHOOTING RANGE, their 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 whatsoever, 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, on behalf of the minor child, further agree to indemnify and hold harmless, to the extent permitted by Georgia Law, the SHOOTING RANGE, their 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 whatsoever, 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 SHOOTING RANGE.

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

Parent printed Name: _____ Date of Birth: _____

Parent/Legal Guardian Signature: _____

Minor Printed Name: _____ Date of Birth: _____

Address: _____ Phone #: _____

In case of an emergency, please contact:

Name: _____ Phone #: _____