adhere to all applicable safety standards. I will not participate in any activity that is not directly related to the Program, and I will ask for additional information before I proceed with participation in the Program and/or use of the Program Site if I am unsure of the procedure or of the instructions and directions given.

3. **Release and Hold Harmless.** I understand that participating in the Program and/or use of the Program Site may result in injury, loss, or damage to myself or my property, or death, and neither the City nor GPD – nor their elected and/or appointed, agents, or employees – will be responsible or liable for such injury, loss, damage, or death. By signing below, I release, hold harmless, and forever discharge the City and GPD – and their elected and/or appointed, agents, or employees – from any and all claims, causes of action, or demands of every kind by reason of any injury to person or property, or death, arising from or in connection with my participation in the Program and/or use of the Program Site.

4. **Alcohol and Medications.** I affirm that I have and will refrain from being under the influence of alcoholic beverages and/or medications that might impair judgment and/or reaction time prior to, and during, my participation in the Program and/or use of the Program Site.

5. **Accident or Injury.** I agree that in the event of any accident or injury, I will report such accident or injury IMMEDIATELY to the instructional staff at the Program Site.

6. **Binding Agreement; Severability.** I understand and agree that this Assumption of Risk, Waiver, and Release of Liability is intended to and shall be binding on me, my heirs, personal representatives, agents, successors, and assigns, and it shall inure to the benefit of the City and GPD – and their heirs, executors, administrators, personal representatives, assigns and successors in office. I further understand that this Assumption of Risk, Waiver, and Release of Liability is intended to apply to the greatest extent allowed by law and agree that any portion of this form is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

BY SIGNING BELOW, I CERTIFY THAT I AM AT LEAST 21 YEARS OF AGE AND THAT I HAVE VOLUNTARILY AGREED TO PARTICIPATE IN THE PROGRAM AND/OR USE THE PROGRAM SITE. I FURTHER CERTIFY THAT I HAVE CAREFULLY READ THE ABOVE ASSUMPTION OF RISK, WAIVER, AND RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS TERMS AND CONDITIONS. I AGREE THAT I HAVE BEEN GIVEN SUFFICIENT TIME TO READ, UNDERSTAND, AND ASK QUESTIONS, IF ANY, CONCERNING THE NATURE AND SCOPE OF THIS RELEASE. I UNDERSTAND THAT ANY BREACH OF THE ABOVE STATED ITEMS COULD RESULT IN MY IMMEDIATE DISMISSAL FROM PROGRAM AND PROGRAM SITE.

Participant's Signature: _____

Date: _____

Georgetown Police Department
550 Bourbon Street
Georgetown, KY 40324
Telephone: 502-863-7826 Fax: 502-867-6991

Chief of Police
Darin Allgood

Mayor
Burney Jenkins

GEORGETOWN POLICE DEPARTMENT FIRING RANGE RELEASE FORM

PARTICIPANT INFORMATION

Participant's Name: _____ Date of Birth: _____

Address: _____

Email: _____ Phone No.: _____

Emergency Contact: _____ Relationship: _____

Address: _____

Phone No.: _____

ASSUMPTION OF RISK, WAIVER, AND RELEASE OF LIABILITY

In consideration of the Georgetown Police Department (the "GPD") and the City of Georgetown, Kentucky (the "City") allowing me to participate in the Georgetown Kentucky Citizens Police Academy Alumni Association Shooting Competition (the "Program") at the Georgetown Police Department Firing Range, [235 W. Yusen Dr], Georgetown, KY 40324 (the "Program Site"), I,_____ (print Participant's name), hereby represent and agree as follows:

1. **Assumption of Risk.** I understand and acknowledge that the nature of the Program, and the activities that take place at the Program Site, are dangerous and that I may be subject to the inherent risks and hazards of death, personal injury, and/or property damage during my participation in the Program, including but not limited to the use of weapons and the use of equipment and/or facilities at the Program Site. I understand that these risks and hazards may be caused by my own actions, or inactions, the actions or inactions of others participating in the Program, the conditions in which shooting firearms takes place, and/or the negligence of GPD and the City. I also understand that the use of the Program Site can involve physical and mental stress and exertion. I hereby assume all risks and hazards incidental to the conduct of the activities of the Program and use of the Program Site. I hereby waive any and all claims against the GPD and the City that may arise from or in any way may be connected to my participation in the Program and/or use of the Program Site, or as a result of my assumption of these risks. I also understand and I have been warned that if I have or have had any injuries or medical conditions, I am at heightened risk of injury.

2. **Participation.** I represent that I am physically able, emotionally stable, and fully competent to participate in the Program and use the Program Site for shooting activities. I agree to perform only those activities specifically designated for the Program, to follow all instructions and directions given to me by the instructional staff, and to