

Release, Wavier of Liability and Indemnification Agreement

Please read carefully before making a decision whether to sign.

I, _____ residing at _____ do hereby certify that I am over the age of twenty-one (21) and that in consideration of being permitted to participate in County Rockland LEOSA HR-218 training taking place at the County/Police Academy Firearms Training Facility, hereby acknowledge and agree as follows:

- I understand that I may participate in firing a handgun with live ammunition and/or function as range staff on a firing range. I understand that others may also be present at the firing range and firing weapons. I understand that a firearm is a lethal weapon and being a participant in activities on the firing range involves certain risks, including bodily injury and even death; that these and other risks may be caused by the actions or inactions of myself, the conditions existing at the time, the negligence of the County of Rockland, its employees or others, and that there may be other risks either known or unknown or not foreseen at this time. These risks may include shooting, maiming and/or killing myself or another and/or being shot, maimed or killed by another. **I fully understand these risks.**
- I understand that my involvement in these activities is entirely voluntary and I freely choose to participate.
- I acknowledge that the County of Rockland does not provide any kind of medical coverage for me, should I be injured or killed as a result of participation in these activities.
- Furthermore, while engaged in such activities I will make safety my primary concern and at all times use and implement proper procedures and precautionary measures and abide by the rules and regulations of the facility which I have read and understand.
- I fully understand the risks involved and by my signature on this agreement, I agree to the following Release, Wavier of Liability, Defense and Indemnification:

Release, Waiver of Liability, Defense and Indemnification

- **In consideration of the opportunity to participate in the County of Rockland LEOSA HR-218 Training located at the County/Police Academy Firearms Training Facility, I hereby VOLUNTARILY waive and release the County of Rockland, its employees, contractors, officers, official's and agents from any and all liability, claims, demands, losses or damages resulting to myself as a consequence of my participation in the Training/Program. In further consideration of the opportunity to participate in the Training/Program. I agree to hold harmless, indemnity, answer and defend the County of Rockland, its employees, contractors, officers, official's and agents from any and all actions, causes of action, claims, and liabilities, loss, damages or costs whatsoever, known or unknown , which may arise on account of, or in any way be related to, my participation in the Training/Program.**

- The laws of the State of New York shall govern the rights and obligations of the parties to this Release and the interpretation, construction and enforceability thereof. I agree that any lawsuit brought against any Released Parties shall be brought solely in the New York State Supreme Court located in Rockland County. I acknowledge that this Release is intended to be broad and inclusive as permitted by the laws of the State of New York and that if any portion of the Release is held invalid, the balance shall notwithstanding continue in full legal force and effect.
- **I acknowledge that I have read this release, waiver of liability, defense and indemnification agreement and that I fully understand it.**

Name of Participant

Signature of Participant

Date of Signature