



Greg Champagne
Sheriff and
Ex-Officio Tax Collector

St. Charles Parish Sheriff's Office

260 Judge Edward Dufresne Parkway
Luling, Louisiana 70070

Release of Liability Form for Citizens' Firing Range Use

I wish to participate in the Citizens' Firing Range Day provided by the St. Charles Parish Sheriff's Office which has been made available to me for my convenience by Sheriff Greg Champagne. I understand that any form of firing range activity may cause serious injury and that I must abide by any and all instructions of the Range Master at all times. In addition, I understand that I must be proficient in the safe use of firearms to participate in this firing range activity and that I am responsible for my own safety as well as safety of others around me including any juvenile I bring to participate in this activity. I further understand that any juvenile I bring to the firing range must be accompanied by a parent or legal guardian and must be supervised by that parent or guardian.

I understand that the risk of injury from firing range activity is significant including the potential for permanent paralysis and death; I knowingly and freely assume all such risks both known and unknown. I acknowledge that I assume all risks associated with participating in this firing range activity and I understand that the St. Charles Parish Sheriff's Office administering this activity includes the St. Charles Parish Louisiana Law Enforcement District, a political subdivision of Louisiana, and Sheriff Greg Champagne of the St. Charles Parish Sheriff's Office, hereinafter "S.C.S.O." collectively. I hereby release, indemnify, and hold harmless S.C.S.O. and its agents and employees with respect to any and all injury, disability, death, loss or damage to person or property that may arise out of or in connection with the firing range activity administered by S.C.S.O. regardless of S.C.S.O.'s negligence or strict liability.

I expressly agree that this release is intended to be as broad and inclusive as permitted by applicable law and if a portion of this release is held invalid, the balance shall remain in full force and effect. This release shall apply to my child or juvenile for which I am guardian, heirs, assigns, personal representatives and any other next of kin. I understand that S.C.S.O. is relying on this release in agreeing to provide the use of its firing range.

I have read the Release of Liability Form, fully understand its terms and that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participant's and/or Guardian's Name (print & signature)

Date (mm/dd/yy)