

Personal Protection Options  
110 Meadows Court  
Forreston, IL 61030

REGISTRATION, PARTICIPANT AGREEMENT, RELEASE and ACKNOWLEDGEMENT OF RISK

In consideration of the services by Personal Protection Options., their agents, owners, officers, volunteers, participants, employees, and all other persons, entities, and ranges acting in any capacity on their behalf (hereinafter collectively referred to as "PPO"), I hereby agree to release and discharge PPO on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that firearm shooting entails known and unanticipated risks which could result in physical or emotional injury, paralysis, or damage to myself, to property, or to third parties, up to and including death. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things; being struck by bullet fragments from impact on backstops, or structure, which my bullets strike. While these are usually low speed fragments they may cause cuts or welts.

Furthermore, PPO employees are consummate professionals and experts in their respective fields. However, due to the inherent risks of handling and using firearms and ammunition, malfunctions and/or situational circumstances may occur with unintended consequences up to and including serious bodily injury and/or death.

The primary safety for every firearm is the trigger finger. Under no circumstances will the trigger finger be placed on the trigger until the muzzle is pointed down range, the firearm is aimed at a target and a conscious decision has been made to discharge the firearm.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless PPO from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or use of PPO equipment or facilities used by PPO, including any such Claims which allege negligent acts or omissions of PPO.
4. Should PPO or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions, which could interfere with my safety in this activity, or else I am willing to assume – and bear the cost of – all risks that may be created, directly or indirectly, by any such condition.

**BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT IF ANYONE IS HURT OR PROPERTY IS DAMAGED DURING MY PARTICIPATION IN THIS ACTIVITY, I MAY BE FOUND BY A COURT OF LAW TO HAVE WAIVED BY RIGHT TO MAINTAIN A LAWSUIT AGAINST PPO ON THE BASIS OF ANY CLAIM FROM WHICH I HAVE RELEASED THEM HEREIN.**

**I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT. I HAVE READ AND UNDERSTOOD IT, AND I AGREE TO BE BOUND BY ITS TERMS.**

**TO MY KNOWLEDGE IT IS LEGAL FOR ME TO OWN A HANDGUN.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please Print:

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ (mmddyy)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Email Address: \_\_\_\_\_