

# Sage Hill Gun Range Waiver & Release of Liability

Participant Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Date: \_\_\_\_\_

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## 1. Assumption of Risk

I, the undersigned, acknowledge that participation in shooting and archery activities at Sage Hill Gun Range ("the Range") involves inherent risks, including but not limited to:

- Accidental discharge of firearms or bows
- Hearing or eye injury
- Injury or death due to unsafe handling of firearms or bows
- Injuries from slips, trips, or falls on the property

I freely assume all such risks, whether known or unknown, and accept full responsibility for my participation and for any minors I supervise.

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## 2. Compliance with Range Rules

I agree to **read, understand, and comply** with all **Sage Hill Gun Range Rules**, including but not limited to:

- Treat all firearms as loaded
- Zero tolerance for drugs and/or alcohol
- Firearms always pointed down range
- Mandatory hearing and eye protection
- Youth supervision requirements
- Restrictions on firearms types, calibers, and target usage
- Cleaning and reporting responsibilities

I acknowledge that **failure to comply** may result in immediate removal and **permanent ban** from the Range.

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## 3. Medical Condition Disclaimer

I certify that I do not have any medical conditions, impairments, or disabilities that would prevent me from safely participating in shooting or archery activities. I understand it is my responsibility to assess my own fitness to participate.

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#### 4. Release of Liability

In consideration of being permitted to access and use the Range, I **hereby release, waive, discharge, and covenant not to sue** Mother Earth Cultural Conservation Society (MECCS), its directors, officers, employees, volunteers, agents, and representatives (“Released Parties”) from any and all liability, claims, demands, actions, or causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained while using the Range or its facilities.

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#### 5. Indemnification

I agree to **indemnify and hold harmless** the Released Parties from any loss, liability, damage, or cost, including attorney’s fees, incurred due to my negligence or intentional misconduct, or the negligence or misconduct of any minors I supervise.

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#### 6. Equipment and Property

I acknowledge that:

- I am responsible for any damage to property or equipment I cause
- Any keys signed out must be returned; lost keys incur a \$20 replacement fee
- Firearms or bows I bring must comply with the Range rules

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#### 7. Membership & Fees

- Participation in 2025 is free; a membership fee of \$25 per family will apply in 2026 for maintenance purposes
- Access to the Range is limited to community members and MECCS staff unless approved individually

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#### 8. Emergency Medical Consent

In the event of injury, I authorize MECCS staff to seek medical attention on my behalf and agree to bear all costs associated with such treatment.

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#### 9. Acknowledgment of Voluntary Participation

I acknowledge that my participation is voluntary and that I am not under duress or coercion to attend the Range.

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#### 10. Severability

If any part of this waiver is found to be unenforceable, the remaining provisions will continue to be valid and enforceable.

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## 11. Governing Law

This Waiver & Release shall be governed by and construed in accordance with the laws of the Province of British Columbia.

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## 12. Media Release (Optional)

I consent / do not consent (circle one) to photographs or videos being taken during Range activities for use by MECCS for promotional purposes.

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## 13. Acknowledgment of Understanding

I certify that:

- I am at least 18 years old (or, if under 18, my parent/legal guardian has signed below)
  - I have read this **Waiver & Release of Liability** carefully and fully understand its contents
  - I understand that this document **releases MECCS from liability** and is legally binding
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Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature (if participant is under 18): \_\_\_\_\_

Date: \_\_\_\_\_

MECCS Staff Witness: \_\_\_\_\_

Date: \_\_\_\_\_