

COVID 19 WAIVER

ACKNOWLEDGEMENT OF RISK: The undersigned acknowledges that the world is in the process of fighting a pandemic relating to the Coronavirus which manifests itself as COVID 19. I acknowledge that COVID 19 has not been eradicated, continues to persist in a variety of environments, and has infected a significant portion of the world's population. I acknowledge that in my participation of the activities at Pro Gun Vegas, I will come into close proximity and contact with Pro Gun Vegas employees, other guests and other individuals, and may be exposed to COVID 19 in the process. I acknowledge that through this exposure, I can contract COVID 19, which may result in life-threatening illness and death. I acknowledge that I am solely responsible for assuming risks that relate to my physical wellbeing, including the risk of exposure to COVID 19 in conjunction with activities at Pro Gun Vegas. I acknowledge that it is impossible for Pro Gun Vegas to guaranty that I will not be exposed to COVID 19 during my participation in activities at Pro Gun Vegas.

EXPRESS ASSUMPTION OF THE RISK/LIABILITY RELEASE: I expressly and individually assume all responsibility for those risks, including serious illness and death, relating to my potential exposure to COVID 19 in conjunction with my activities at Pro Gun Vegas. I correspondingly release Pro Gun Vegas and Eldorado Hills, LLC and any of their respective employees, directors, officers, agents, representatives and volunteers (including their heirs, executors, trustees, and beneficiaries) from any obligation, liability or responsibility relating in any way to COVID 19, or my exposure thereto, in conjunction with my activities at Pro Gun Vegas.

STATEMENT OF HEALTH: In recognition of the safety and welfare of the employees and guests of Pro Gun Vegas, I hereby affirm (1) that I have not been diagnosed with COVID 19 within the past 30 days, and (2) do not presently exhibit any known symptoms of COVID 19, including fever, cough, shortness of breath, headache, runny nose or sore throat.

KNOWING AND VOLUNTARY EXECUTION: I have read the foregoing COVID 19 Waiver, and agree to and acknowledge the terms of the same. I understand that by signing this document, I am waiving legal rights relating to the subject matter of this document, and freely and voluntarily do so.

Dated this ___ day of _____, _____.

If a Minor:

Signature

Signature of Parent or Legal Guardian

Print Name

Print Name of Parent or Legal Guardian

E-mail Address

Pro Gun Vegas Employee Verifier