



Florida Fish and Wildlife Conservation Commission
Knight Trail Pistol and Rifle Range
Minor Child Release of Claims and Permission Slip

Please Print

Date _____

Parent/Guardian Name: Last _____ First _____ MI _____

Mailing Address _____

City _____ State _____ Zip _____ Daytime Phone (____) _____ - _____

This form contains a release and waiver of claims which, when signed, contractually waives any claims against the Knight Trail Pistol and Rifle Range, Sarasota County, Florida Fish and Wildlife Conservation Commission (FWC), the State of Florida, their staff, agents, volunteers and partners that may arise in connection with your minor child/ward's participation in activities at any FWC managed public shooting range. **Please read it carefully before signing your name.**

In consideration of the opportunity afforded to my minor child/ward to participate in activities at the FWC managed public shooting range, I, the undersigned, on behalf of my child/ward named herein do freely subscribe to the following contractual obligation:

I, on behalf of my child/ward named below, fully understand the risks associated with participation in shooting sports at any FWC managed public shooting range, and do hereby for my minor child/ward's heirs, executors, and assigns knowingly, freely, and voluntarily assume all risk and liability for any damage or injury to person or property that may occur as a result of my child/ward's participation in activities at any FWC managed public shooting range, and do hereby release, discharge, and covenant not to sue Knight Trail Pistol and Rifle Range, Sarasota County, FWC, the State of Florida, their staff, agents, volunteers and partners and do hereby waive and discharge all claims for damages that my minor child/ward or I might have against Knight Trail Pistol and Rifle Range, Sarasota County, FWC, the State of Florida, their staff, agents, volunteers and partners, and its officers, employees, agents, and volunteers for any reason, including FWC's negligence, and agree to indemnify and hold harmless Knight Trail Pistol and Rifle Range, Sarasota County, FWC, the State of Florida, their staff, agents, volunteers and partners from and against any and all claims, damages, and judgments, of whatever nature, including attorney fees, that may be asserted or entered against any of them in connection with my minor child/ward's in any activity at any FWC managed public shooting range.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF KNIGHT TRAIL PISTOL AND RIFLE RANGE, SARASOTA COUNTY, FWC, THE STATE OF FLORIDA, THEIR STAFF, AGENTS, VOLUNTEERS AND PARTNERS USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM KNIGHT TRAIL PISTOL AND RIFLE RANGE, SARASOTA COUNTY, FWC, THE STATE OF FLORIDA, THEIR STAFF, AGENTS, VOLUNTEERS AND PARTNERS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, THE FWC HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I on behalf of myself and/or my child/ward, have read the Release and Waiver of Claims and fully understand its terms, and understand that I, on behalf of my child/ward, have waived substantial rights by signing this release, and I have signed it freely and without inducement, coercion, or assurance of any nature, and intend it to be a complete and unconditional release of any and all liability, and agree that, if any portion of this Release Waiver of Claims is held invalid by a court of competent jurisdiction, any portion not being held invalid shall remain in full force and effect.

 Print Name of Minor Child/Ward

_____/_____/_____
 Child's Date of Birth Month Day Year

 Print Name of Parent/Guardian

 Signature of Parent/Guardian

 Print Name of Witness

 Signature of Witness