

## **FIRING RANGE RELEASE OF LIABILITY**

I \_\_\_\_\_, expressly agree that the use of the North Carolina State Crime Laboratory's Firing Range is at my own risk and that the Crime Laboratory, the North Carolina State Bureau of Investigation, its officers, agents or employees, shall not be liable for any injury, damage or loss or be subject to any claim or demand whatsoever including, without any limitation, any damage or cause of action that may accrue or result from acts of active or passive negligence on the part of the Crime Laboratory, NCSBI, or any of its officers, agents or employees.

I understand that I must sign this waiver each and every time I use the Firing Range and agree to comply with any and all rules and regulations that may, from time to time, be imposed.

I agree that I am responsible for any damages caused by me to the facility and/or equipment.

\_\_\_\_\_  
NAME (print)

\_\_\_\_\_  
SIGNATURE/DATE

\_\_\_\_\_  
WITNESS (print)

\_\_\_\_\_  
SIGNATURE/DATE