

**HURONIA HAND GUN CLUB**  
**P.O. Box 5096 \* Penetanguishene, Ontario \* L9M 2G3**

**Informed Consent and Waiver**

Thank you for choosing to join the Huronia Hand Gun Club (hereinafter referred to as the HHGC). We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following informed consent agreement.

I, \_\_\_\_\_ declare that there are various risks involved with my participation in shooting activities at the Huronia Hand Gun Club. In order to participate in the Huronia Hand Gun Club activities I acknowledge (by checking the boxes below);

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| <p><input type="checkbox"/> I have read and understand the HHGC Range Safety Rules and agree to abide by these rules at all times. (See HHGC website <a href="http://www.huroniahandgunclub.com">http://www.huroniahandgunclub.com</a>)</p> <p><input type="checkbox"/> I certify that I am physically able and have not been advised against participation in these types of activities by a health professional. I hereby authorize emergency medical treatment in the event of injury or illness.</p> <p><input type="checkbox"/> I understand that range activity is governed by Range Officers who provide oversight to operations. I understand it is my responsibility to act in a safe manner while participating in HHGC activities at all times. I accept that Range Officers have the authority to immediately suspend my activity for any breach or suspected breach of any HHGC rule or regulation.</p> <p><input type="checkbox"/> I agree that, prior to participating in these activities, I will inspect facilities and equipment and, if I believe any are unsafe, I will immediately advise the Range Officer on duty.</p> <p><input type="checkbox"/> I am fully aware that there may be risks</p> | <p><input type="checkbox"/> I understand that risks include, but are not limited to, injuries or death caused by the following: gunshot; the negligence of other participants in the vicinity; faulty equipment, firearms or ammunition provided by myself or other participants; lighting conditions; excessive noise.</p> <p><input type="checkbox"/> I understand that the most prevalent environmental hazards related to shooting on a range are exposure to lead, smoke, and noise pollution. I accept that it is my sole responsibility to safe guard my own health which may include adopting best practices including undertaking tests for exposure to lead, and high noise levels.</p> <p><input type="checkbox"/> I understand that I must inform the HHGC immediately in the event that my firearms license is revoked or that I become the subject of a prohibition order or similar change in status that effects my ability to legally acquire, possess or be in close contact with firearms or ammunition. I understand that my membership privileges will be immediately suspended pending</p> |
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and hazards unknown to me connected with being on the premises and participating in activities, and I hereby elect to voluntarily enter the Range and engage in these activities knowing that conditions may become hazardous or dangerous to me and my property.

- I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of my participation in these activities, whether caused by the negligence of myself, other participants, or otherwise.

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- I understand that the HHGC collects personal information from me with the intent to fulfill their obligation to me. I understand that HHGC will keep my personal information confidential and will only disclose said information if legally required to do so. I understand and accept that the HHGC will use this information to improve the services that I receive.

I agree to assume all risks involved in participation in the activities, programs and services of the Huronia Hand Gun Club (hereinafter referred to as the HHGC). The HHGC, or their directors, officers, and agents are not responsible for any loss, damage or injury for any reason whatsoever suffered by me or any other person either before, during or after participation in activities, and programs, whether held at this facility or at any other location. I do hereby agree for myself, my spouse, heirs, executors, administrations and assigns to release and forever discharge the HHGC, or their directors, officers, and agents of any and all claims, demands, costs, expenses, actions or causes of action whether in law or equity in respect of death, injury, loss or damage to person or property however caused, including but not limited to negligence arising out of my participation in such activities and programs.

I declare that I have read, understood and that I agree to the contents of this DISCLAIMER & WAIVER and release of liability in its entirety.

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Signature

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Date