South Carolina Firearms Training & Range Access Waiver

Adults Only (18+)

Participant Information

Name: _____

Date of Birth: _____

Address: _____

Event Details

Event/Activity: Firearms Training / Range Access

Location: 340 Dewitt Lowery Rd, Jefferson, SC 29718

Instructor/Operator: Shane Whitley

Acknowledgment of Risk

I, the undersigned, acknowledge that participation in firearms activities, including handling, shooting, and observing firearms, involves inherent risks of serious injury, death, or property damage. I freely assume all such risks, both known and unknown, including but not limited to accidental discharge, misfire, ricochet, or negligent acts of others.

Release and Waiver

In consideration of being permitted to participate in this activity, I, on behalf of myself, my heirs, executors, administrators, and assigns, do hereby release, waive, discharge, and covenant not to sue Shane Whitley, its owners, employees, volunteers, agents, or affiliates (collectively the 'Released Parties') from any and all claims, demands, damages, actions, or causes of action arising out of or relating to any loss, damage, injury, or death, including those caused by the negligence of the Released Parties.

Compliance with South Carolina Law

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of South Carolina, and that if any portion is held invalid, the remainder shall continue in full legal force and effect. I acknowledge that I am participating voluntarily and am solely responsible for complying with all South Carolina firearm laws, including safe handling and possession.

Assumption of Responsibility

I certify that I am physically and mentally capable of participating in this activity, that I have not been advised otherwise by a qualified medical professional, and that I will follow all safety rules and instructions provided by Shane Whitley.

Medical Treatment

I consent to receive medical treatment deemed necessary in the event of injury, accident, or illness during the activity. I agree that I am solely responsible for all costs related to such treatment.

Acknowledgment of Understanding

I have read this waiver carefully, fully understand its terms, and sign it voluntarily with full knowledge of its legal significance. I confirm that I am 18 years of age or older.

Signature of Participant: _____

Date: _____