

Annual Liability Waiver

I, _____, being over the age of eighteen years hereby agree to follow and adhere to the **Palm Beach County Sheriff's Office** safety rules and procedures while utilizing or being present on the **Palm Beach County Sheriff's Office Firearms Training Facility** (Training Facility) located at 21500 Southern Blvd., Loxahatchee Florida 33416. I further acknowledge the risks inherent in firearms training, firearms practice, and the use of firearms.

I agree to release Palm Beach County and the Sheriff of Palm Beach County, his agents, employees, designees and appointees from any and all manner of action and actions, cause or causes of actions, suits, damages, judgments, and claims of any kind what so ever, in law or equity, which may result or are in any way connected or related to injuries which I may sustain while engaging in firearms training, firearms exercises, or for any activity which involves the use or discharge of a firearm.

I further agree to indemnity and hold harmless, to the extent permitted by Florida Law, Palm Beach County and the Sheriff of Palm Beach County, his agents, employees, designees and appointees from any and all manner of action and actions, cause or causes of actions, suits, damages, judgments, and claims of any kind what so ever, in law or equity, which my spouse or another can recover for injuries which I may sustain as a result of engaging in firearms training, firearms exercises, or for any activity which I, or another, use or discharge a firearm while at the Training Facility.

I hereby acknowledge that I have read and understood this Agreement on this ____ day of _____, 20____. This release expires one year from date is issuance.

Signature of Participant

Signature of Witness

Printed Name of Participant

Printed Name of Witness