

**Acknowledgement of Risk, Release of Liability, and  
Assumption of Personal Responsibility  
For Use of Firearm**

Morristown-Hamblen Hospital Foundation Target for Healthcare Trap Shoot

I, \_\_\_\_\_, understand that while at the Morristown-Hamblen Hospital Foundation Target for Healthcare Trap Shoot (here after, MHHF TARGET FOR HEALTHCARE TRAP SHOOT) as a shooter, spectator, volunteer or paid worker, I may be exposed to above-normal risks. These may include, but are not limited to: accidental discharging of a firearm during practice or competition possibly resulting in bodily harm; the possibility of being injured due to firearm malfunction; being injured due to any unforeseeable accidents while at practice or competition. I agree that I will follow the instructions of MHHF TARGET FOR HEALTHCARE TRAP SHOOT officers, officials and/or shooting range staff in order to minimize those risks.

I understand and agree that although the Morristown-Hamblen Hospital Foundation; its Board of Directors, collectively and individually; its officers, members, employees and agents have taken precautions to provide proper equipment and qualified supervision, it is impossible to guarantee absolute safety. I understand that I share the responsibility for safety during activities where firearms are present, and I assume that responsibility. In the event I am injured due to an accident or negligence involving myself, or any individual, I hereby release the Morristown-Hamblen Hospital Foundation and its Board of Directors, collectively and individually; its affiliates, officers, members, employees and agents from any claim, loss, injury or damage.

In addition, if I, while shooting at MHHF Target for Healthcare Trap Shoot use my own or another person's firearm, I understand that I am responsible for any incident causing harm to myself or to another while using that firearm and agree to hold the Morristown-Hamblen Hospital Foundation and its affiliates, officers, officials and/or shooting range staff harmless from any claim, loss, injury or damage to myself or any third party resulting from my use of such firearms.

I represent and warrant that I have no physical or psychological problems that would prohibit my safe participation in any activity at the MHHF TARGET FOR HEALTHCARE TRAP SHOOT and that I am in good physical and mental condition.

I have carefully read the following Shooting Range Rules established for safe use of the range at MHHF Foundation Target for Healthcare Trap Shoot, and any firearms used on the range, and agree to abide by them.

**Shooting Range Rules – Courtesy of the NRA**

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|---|--|
| Always point gun in safe direction                | Always keep your finger off the trigger until time to shoot. |
| Always keep the gun unloaded until ready to fire. | Know your target and what is beyond.                         |
| Know how to use the gun safely.                   | Be sure gun is safe to operate and use correct ammunition.   |
| Wear eye and ear protection.                      | Never us alcohol or drugs before handling a firearm.         |
| Do not leave guns unattended.                     |  |

Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_

Name (Signature): \_\_\_\_\_

Parents or guardians must sign if applicant is UNDER 18

Parent/Guardian Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_