



WENTWORTH
Shooting Sports Club

Guest Waiver & Release

To be completed by all guests in the shooting session

Firearms Act. Shooting Clubs and Shooting Ranges Regulations (SOR/98-212)

14. (I) the operator of an approved shooting club shall keep records, [...], that include: with respect to a guest of a member or officer of the club (I) his or her name, address and phone number, and (II) the number of his or her License to possess firearms, if one exists.

GUEST INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

PAL / POL / RPAL # (if licensed): _____

DISCLAIMER AND WAIVER

I agree to assume all risks involved in participation in the activities, programs and services of Wentworth Shooting Sports Club. The Wentworth Shooting Sports Club (WSSC), or their directors, officers, employees, servants and agents are not responsible for any loss, damage or injury for any reason whatsoever by me or any other person either before, during or after participation in activities, programs and services, whether held at this facility or at any other location.

I do hereby agree for myself, my spouse, heirs, executors, administrators and assigns do release and forever discharge the Wentworth Shooting Sports Club (WSSC), or their directors, officers, employees, servants and agents of any and all claims, demands, damages, costs, 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 or to arise 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 AND WAIVER and release of liability in its entirety and that I have been provided a briefing as outlined in the Wentworth Shooting Sports Club "GUEST SAFETY BRIEFING".

Therefore, in view thereof upon signing this waiver, I hereby confirm I have no criminal record, not under indictment or convicted for felony, no restraining order adjudicated by judge for mental incompetence etc. If I have provided incorrect information will be subject to legal actions and enforce existing laws pertaining to the offence made.

Must be signed and dated in-person at the club in the presence of the supervising Director.

Guest Signature: _____ Date: _____

For Office Use Only

*Must be verified
and signed by the
supervising Director*

Director Name: _____

Director Signature: _____

*Your privacy is important to us and your information will be utilized for official Wentworth Shooting Sports Club business only. Information gathered is to ensure compliance with the Firearms Act.