Venue: Rimfire Rifle Range RO: David Rabin Match Date: May 22-25, 2026

RIVER BEND GUN CLUB RANGE RELEASE FORM

In consideration of the undersigned being allowed to use the facilities of River Bend Gun Club, Inc., the undersigned does hereby release, discharge, waive, hold harmless and covenant not to sue River Bend Gun Club, Inc., its officers, directors, agents, representatives, employees, or volunteers, from any and all liability to the undersigned, the heirs, executors, administrators, successors, assigns, and next of kin to the undersigned, for any loss, damages or injury, including death, to the undersigned's person or property, or for any other consequences to the undersigned arising from, out of or as a result of use of the facilities of River Bend Gun Club, Inc., by the undersigned. The undersigned further consents to and authorizes all emergency medical treatment to the undersigned as may be deemed appropriate under existing circumstances at the time of any injury to the undersigned, and to transport the undersigned to the nearest emergency medical facility, by whatever means may be deemed appropriate under the circumstances. The undersigned further consents to the taking, making or recording of pictures, movies, videotapes or other images of the undersigned's likeness or voice in any manner incidental to use of the facilities, and to the publishing, broadcasting or display of such likeness or voice without any compensation therefore.

The undersigned further represents and warrants that he/she has not been diagnosed with COVID-19, does not currently have Symptoms of COVID-19, and has not had contact within the last ten (10) days with anyone who has been diagnosed with COVID-19 or who has displayed Symptoms of COVID-19. Symptoms of COVID-19 means symptoms identified by the Centers for Disease Control and Prevention as symptoms of COVID-19 and shall include at least the following: fever or chills; cough; shortness of breath or difficulty breathing; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; and diarrhea. The undersigned specifically agrees to notify the Club Manager at (770) 893-3502 in the event he/she is diagnosed with COVID-19 or displays Symptoms of COVID-19 within ten (10) days of the date he/she was on Club property.

Printed Name **Signature**

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