



## **2025 AGREEMENT (Member)**

### **FOR RELEASE AND WAIVER OF LIABILITY**

**WARNING: THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. READ IT CAREFULLY.  
CONSULT AN ATTORNEY BEFORE SIGNING.**

**(Member Enters Name and Address Here)**

I, \_\_\_\_\_ of, \_\_\_\_\_  
(Print full name and address, City, State and ZIP code)

Phone No. \_\_\_\_\_ Member I.D. No. \_\_\_\_\_ -

**the undersigned, with full understanding of the content and meaning of the terms of this Agreement, and have read, understand and agree to the on-line SHFC by-laws regarding qualification for membership listed on the SHFC Web Site; <http://www.skylinehfc.org> and do hereby voluntarily and knowingly agree:**

- 1) I am a member of the Skyline Hunting & Fishing Club, Inc., a Colorado non-profit corporation (hereafter "SHFC"). I desire to engage in recreational sport shooting activities involving firearms and/or archery at ranges and use of related storage, gun lockers and support facilities operated by SHFC and located the Waterton Facility of Lockheed Martin Corporation, Space Systems Company, Littleton, Colorado (collectively the "SHFC ranges"). There are multiple other ranges and opportunities available to me for sport shooting activities other than at the SHFC ranges. I understand the risks and hazards involved, and I recognize serious and potentially life-threatening injuries or death and property loss may occur when:
  - (a) engaging in sport shooting activities while shooting a firearm or using archery equipment; and
  - (b) observing sport shooting as a spectator to such activities; and
  - (c) participating with others, either in a club sponsored event or program, or on my own at the SHFC ranges; and
  - (d) by simply being present at the SHFC ranges while others are engaged in sport shooting at the SHFC ranges.
- 2) I represent, promise and agree that:
  - (a) It is my responsibility to consult with a physician prior to and regarding my participation in recreational sport shooting activities at the SHFC ranges to ascertain whether I may safely participate in such activities;
  - (b) I have no physical, medical, psychological, or other condition that would prevent my safe participation in shooting firearms and archery equipment at the SHFC ranges;
  - (c) I do not and will not use any legal or illegal drugs or substances, or medication (prescription or non-prescription) that adversely affects my coordination, perception, mental acuity, or the like, while shooting firearms or archery at the SHFC ranges;
  - (d) I am under no kind of restraint against the possession or use of firearms or archery equipment, including any sort of domestic violence restraining order;
  - (e) I hold valid certification of having taken and passed a hunter's safety or firearms safety course, or similar training or instruction satisfactory to the SHFC;
  - (f) I am legally authorized to own, possess and handle firearms and archery equipment, and I hold all required licenses and/or permits legally required to possess, transport and use the firearms and archery equipment in my possession; and
  - (g) My firearms and/or archery and other related equipment are in good and safe working order.
- 3) I have read, understand and agree to the above paragraphs and the "Additional Waiver of Liability" statements listed within the SHFC Web Site <http://www.skylinehfc.org>

Print Full Name (Member): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Member): \_\_\_\_\_