



T&M Shooting Sports, Inc.

DBA: Shooting Sports

21845 Highway 27, Little Falls, MN 56345

ShootingSportsLittleFalls@gmail.com

320-632-9204

Shooting Sports Individual Range Use Agreement for 2026

Date: _____

Agreement Shall Terminate on December 31, 2026

Name (Print): _____

Address: _____ City: _____

State: _____ Zip: _____ Phones: _____

WAIVER OF LIABILITY

Risk of loss: I have fully informed myself of the contents of the **SHOOTING SPORTS INDIVIDUAL RANGE USE AGREEMENT** by reading it before I signed it. I assume all known and unknown risks of danger and risk of loss, bodily injury, permanent disability, death, property damage and/or damage incidental to participating either directly or indirectly in the activity of shooting and to the discharge of any and all firearms and or weapons in or associated with the Range Facility (RANGE) located at 21845 Highway 27, Little Falls, MN whether the loss, injury, death or damage is caused by the active or passive negligence of T & M Shooting Sports, Inc., dba as Shooting Sports (Shooting Sports), its Partnering Entities and their respective officials, employees, agents and insurers or otherwise and agree to discharge, release and hold harmless Shooting Sports, its Partnering Entities and their respective officials, employees, agents and insurers or otherwise from any and all claims or claims to injuries, disabilities, death or damage that may arise out of or in connection with the use of the RANGE. **I also understand that the RANGE may have uneven and/or possible holes or possible slippery conditions on the ground surface.** I further state that I understand that the terms herein are contractual and not a mere recital and that I sign this document as my own free act.

I HAVE READ AND UNDERSTAND THE WAIVER OF LIABILITY:

Signature: _____ Date: _____

RANGE OPERATING PROCEDURES, RULES, AND REGULATIONS

I have fully read and informed myself of the RANGE operating procedures, rules, and regulations. I agree to follow all RANGE operating procedures, rules, and regulations at all times and if I don't adhere, I will be asked to leave the RANGE. I fully understand that I may receive a copy of RANGE operating procedures, rules, and regulations upon request at any time. I further state that I understand that the terms herein are contractual and not a mere recital and that I sign this document as my own free act.

I HAVE READ THE RANGE OPERATING PROCEDURES, RULES AND REGULATIONS:

Signature: _____ Date: _____

Please note we need a copy of your Driver's License and/or State Id with this waiver. Thank you.