



OLD FORGE

Sporting Clays

FIREARMS EXPERIENCE & RANGE SAFETY QUESTIONNAIRE

Everyone who wishes to shoot or spectate at this facility, whether using their own or a rental firearm, **MUST COMPLETELY** fill out this form. All information supplied will be kept strictly confidential, not distributed, or made available to others for any purpose and is for the sole use by Old Forge Sporting Clays, LLC (OFSC) to properly identify the user and document their previous experience. This is being done to best ensure the safety of all range users.

TO BE COMPLETED ON FIRST RANGE VISIT ONLY

Full Name: _____

Home Address: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

Driver's License #: _____ DOB (MM/YYYY): _____

Employer Name: _____ Occupation: _____

Employer Address: _____

I WOULD RATE MY PREVIOUS EXPERIENCE WITH FIREARMS AS:

	NOVICE	BEGINNER	INTERMEDIATE	EXPERT
• HANDGUNS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• RIFLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• SHOTGUN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been adjudicated as mentally defective, been committed to a mental institution, or have a history of mental illness?

YES NO

Are you an unlawful user of, or addicted to marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance?

YES NO

I, for myself, minors and my executors and assigns, release OFSC from any and all liability for personal injury or property damage arising out of the use of the equipment and/or facilities of OFSC and agree to hold OFSC free, clear, and harmless for and indemnify OFSC from responsibility for any and all claims and demands for personal injury and/or property damage arising out of such use.

I agree to be held financially responsible for any knowingly willful act of destruction to the range or range equipment, beyond normal wear and tear.

SIGN

DATE

PRINT ACOMPANYING MINOR'S NAME (if applicable)

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