

WELCOME TO TRONSRUE MARKSMANSHIP CENTER

ELIGIBILITY (Circle One): Active Duty, CDT, Retired, DOD Civ, Guest, Other _____

NAME (LAST, FIRST) _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

EMAIL: _____

CELL: _____ **DOB (MM/DD/YYYY)** _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ **PHONE:** _____

FIREARM RANGE RULES AND SAFETY PROCEDURES

Please initial after each bullet point.

GENERAL COMPLIANCE

1. DFMWR Chief Range Safety Officers may change, amended, or rescinded any rule at any time in order to maintain a safe shooting environment for shooters and the community.
2. All firearms and ammunition must comply with applicable New York State laws.
3. Firearms must be transported in a locked carry bag or case, separate from ammunition. Firearms may only be uncased on the range itself—not in the parking lot, lobby, or other premises.
4. Food, beverages, gum, and tobacco are prohibited on the range. Smoking is only allowed 50ft away from the building entrance.
5. Appropriate clothing must be worn. No low-cut shirts. No open-toed shoes.
6. If you are not actively shooting or assisting another shooter, please remain away from the stall and position yourself against the far wall. This ensures Range Safety Officers have a clear and unobstructed view of the firing line.
7. All individuals using this shooting range are advised that exposure to lead is possible during activities involving firearms and ammunition.
8. Important Note: Individuals who are pregnant, planning to become pregnant, or are breastfeeding should exercise additional caution, as lead exposure can pose significant health risks to both the individual and the developing child. Please consult with a healthcare professional before using the facility.

Initial _____

AMMUNITION RESTRICTIONS

9. Prohibited ammunition includes Black powder, Steel core ammo (steel-cased may be permitted), Reloaded ammunition (remanufactured may be permitted), Armor-piercing (AP), tracer, or incendiary powder.
10. Long guns capable of firing rounds exceeding 5.56 are prohibited.
11. Pistols capable of firing rounds exceeding .45ACP are prohibited.
12. Shotgun and Muzzle-loading firearms are not permitted.
13. The Range Safety Officer (RSO) may inspect and prohibit ammunition not purchased at the range.

Initial _____

AGE RESTRICTIONS

14. Patrons under 12 years old are not allowed on the range.
15. Ages 12–15 may only fire long guns.
16. Ages 12–17 must be always accompanied by a designated guardian who must remain within the immediate area. Guardian is not permitted to fire or handle another firearm.
17. Ages 16–20 may handle or fire handguns only when accompanied by a qualified NRA-certified instructor such as a Private Lesson.
18. Must be 18 years or older to participate in Firearm Group Instructional Programs.
19. Only Active Military/Cadets are exempt from age restrictions.

Initial _____

FIREARM RANGE RULES AND SAFETY PROCEDURES CONTINUED.... *Please initial after each bullet point.*

FIREARM HANDLING AND SAFETY

20. Drawing from a holster is allowed only with RSO approval and may be suspended at any time.
21. Firearms will remain cased at all times when not in use.
22. Firearms must always be treated as if loaded.
23. Always keep firearms pointed downrange and your finger off the trigger until ready to fire.
24. Be aware of your target and what lies beyond it.

Initial _____

SAFETY EQUIPMENT

25. Fully enclosed eye protection and ear protection must be always worn on the range.

Initial _____

SHOOTING CONDUCT

26. Uncontrolled or unsafe rapid fire is prohibited. Shots must not hit walls, floors, baffles, or other equipment.
27. Follow all RSO commands. Their decisions are final in case of disputes.
28. Report any safety violations or unsafe behavior to the RSO immediately. Horseplay and pranks are strictly prohibited.
29. Anyone under the influence of drugs or alcohol may not shoot. Refusal to leave may result in suspension from the range and local authorities to be contacted.

Initial _____

CEASE FIRE PROTOCOL

30. Anyone may call a cease fire at any time. All shooting must stop immediately, and instructions from the RSO must be followed.
31. During a cease fire:
 - a. Place firearms down, pointing downrange, with actions open and magazines or cylinders removed.
 - b. Take 2 steps back from firing line, refrain from handling firearms or ammunition until the RSO clears shooting to resume.

Initial _____

MISFIRE AND SQUIB LOAD PROCEDURES

32. If a firearm fails to fire:
 - a. Keep it pointed downrange for at least 30 seconds.
 - b. Raise your hand to request RSO assistance. Do not attempt to reload or re-fire the round.
33. If a squib load is suspected, stop shooting immediately and request RSO assistance.

Initial _____

END-OF-SESSION CLEANUP

34. Shooters must clean their area after their session by collecting brass within their shooting area and removing target from carrier.

Initial _____

FINAL SAFETY CHECKS

1. All firearms must be unloaded and cleared by RSO immediately after your live fire session has ended.
2. Firearms must be empty, cased, and locked before leaving the range.

Initial _____

ACKNOWLEDGMENT

By signing below, I confirm that I have not been convicted of domestic violence or any crime preventing legal firearm use or possession. I have read and understand the rules and procedures listed above. I agree to abide by these rules and report any violations or unsafe practices to the Range Safety Officer immediately.

PARTICIPANT SIGNATURE

DATE

IMPORTANT: THIS IS A LEGAL DOCUMENT

Please read and understand this document before signing. If you have any questions, please ask us or consult an attorney.

West Point Family and Morale, Welfare, and Recreation (MWR) and its staff have done everything possible to assure that our patrons have a rewarding Shooting Sports experience. We wish to inform our patrons that the use of firearms is not risk-free.

The same elements that contribute to the unique character and fun of firearms can cause loss or damage to equipment, and injury, illness, or in extreme cases, permanent trauma or death to yourself or others under your supervision. We do not want to heighten or reduce your enthusiasm for the experience; however, we want you to be aware in advance of what to expect and be informed of some of the possible risks. We ask that you read and sign this release and waiver, then return it to our office.

SHOOTING SPORTS ACKNOWLEDGMENT OF RISK

I, **(PRINTED NAME)** _____ acknowledge and agree that the use of firearms is an inherently dangerous activity. Should a projectile strike a person in the eyes, ears, nose or any vital area of the body which is not adequately protected, temporary or permanent muscle soreness; sprains; strains; cuts; abrasions; bruises; ligament and/or cartilage damage; head; neck or spinal injuries; loss of use of arms and/or legs; disfigurement or in extreme circumstances death, may occur. It is my responsibility to obey all rules at the Shooting Sports facility and to always utilize all safety equipment which is required by the Shooting Sports facility. Safety equipment is designed to minimize the risk of injury and/or death, but its proper use does not guarantee that such injury will not occur.

I understand that; (1) there are both foreseeable and unforeseeable risks of injury that may occur as a result of participating in this program; (2) serious and permanent eye injury, including loss of eyesight, can occur regardless if I wear approved safety glasses in any area where firearms may be intentionally or accidentally discharged; (3) I understand that it is my responsibility to wear approved safety glasses and I accept that responsibility; (4) glasses can fog or become dirty, and I agree that despite any such problems, I will not remove my glasses under any circumstances while I am using a firearm, at the target area or any other area I may be struck by a ricochet; (5) although the range operator and staff will attempt to enforce safety rules, I may be injured or die because other persons did not follow the rules; and (5) using firearms involves risks, which include, but are not limited to, the risk of injury from being hit by ricocheting projectiles, accidental discharge of weapons, misfiring weapons, injuries from possible malfunction of equipment used, and injuries from falling over natural or manmade obstacles on the range. Although this facility has taken steps to minimize the hazards of the facility, the risk of injury cannot be completely eradicated and there remains the risk that a participant could be injured as a result of the hazardous nature of the range.

CONTRACT, WAIVER, RELEASE AND INDEMNIFICATION

I certify that my family, including minor children, and myself are fully capable of participating. I state that I have read the above statement on some of the possible risks associated with the use of firearms. Therefore, I assume full responsibility for myself, my family, including minor children, for bodily injury, death and loss of personal property and any expenses because of my negligence, negligence of my family, negligence of another participant in the Shooting Sports program, or the negligence of West Point MWR and its staff. I also understand that West Point reserves the right to refuse any person it judges to be incapable of meeting the rigors and requirements of participating in Shooting Sports. My family and I are in good physical condition and able to undertake Shooting Sports.

I agree to indemnify and hold harmless Army MWR, West Point MWR, the US Army Garrison West Point and its staff, and the U.S. Army and its members, agents and employees from all claims, damages, losses, injuries and expenses arising out of or resulting from participation in these activities. I further agree to release, acquit and covenant not to sue Army MWR, West Point MWR, the US Army Garrison West Point and its staff, and the U.S. Army and its members, agents and employees for any/ all actions or claims arising out of participation in the Shooting Sports program. In short, I cannot sue Army MWR, West Point MWR, the US Army Garrison West Point and its staff, and the U.S. Army and its members, agents and employees, and if I do, I cannot collect any money. I agree that the site of any lawsuit, and the law governing any such lawsuit, shall be governed under the Federal Tort Claims Act or the Military Claims Act, whichever is applicable. The terms of this agreement shall continue and be in effect after the Shooting Sports program or activity has ended.

I hereby agree that if the U.S. Army, Army MWR or West Point MWR is forced to defend any action, lawsuit or litigation by myself, my executors, or my heirs, on my family's or my behalf, my heirs or executors and I agree to pay court costs and attorney fees if they successfully defend such action, lawsuit or litigation. Should a court of competent jurisdiction declare any paragraph or part of this agreement unenforceable, the remaining parts or paragraphs remain in full force and effect. A copy of this release can be used as if it was original.

CONSENT TO PUBLICATION OF PHOTOGRAPH

I authorize and release to West Point MWR and its staff the use of my image in any photograph or video recording for any purpose of Army MWR, and West Point MWR.

MEDICAL TREATMENT CONSENT

I hereby give permission for transportation to any medical facility or hospital, and I authorize any guide or medical personnel to render necessary emergency medical care for my family or myself. I hereby authorize the release of any medical information in the possession of West Point MWR and its staff to any medical facility, hospital, ambulance, first aid provider, first aid service, doctor, nurse or other such person rendering care on my behalf. I hereby waive any action or claim against West Point MWR or any health care provider, hospital, doctor, nurse or first aid provider for the release of this medical information.

I have adequate health, disability and life insurance for my family and myself.

I have read and understood this agreement.

I, **(PRINTED NAME)** _____, of my own free will, for my family, my minor children, my heirs and executors and myself, have read, understand and acknowledge the risks and liability for myself, and my family this _____ day of _____ / _____ (month/year).

☐ I DO NOT have any medical condition that would prevent participation in this activity.

PARTICIPANT SIGNATURE

PARENT(S) SIGNATURE OF MINOR PARTICIPANT