# Monadnock Firearms x Dead Air Silencers

## Silencer Demonstration Event – Waiver & Release of Liability

Saturday, September 6, 2025 | 10:00 AM – 1:00 PM

Location: Associated Sportsman Club, 696 Royalston Rd, Fitzwilliam, NH 03447

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### Participant Information

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### Acknowledgment of Risk, Liability Waiver & Participation Agreement

By signing this waiver, I acknowledge that I am voluntarily participating in a live-fire event hosted by Monadnock Firearms in partnership with Dead Air Silencers, which involves the use and observation of firearms and suppressors regulated under the National Firearms Act (NFA). I fully understand and agree to the following:

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#### 1. Assumption of Risk

I understand that handling or observing firearms and suppressors presents inherent risks, including but not limited to: bodily injury, permanent disability, hearing damage, property damage, and death. I voluntarily accept and assume all such risks.

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#### 2. Eligibility and Legal Compliance

I certify that I am legally allowed under federal, state, and local law to possess, handle, or use firearms and ammunition.

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#### 3. Drugs and Alcohol Policy

I affirm that I am not under the influence of alcohol, marijuana, illegal drugs, or any medication/substance that could impair my judgment or physical ability. I understand that any suspected impairment will result in immediate removal from the event.

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#### 4. Safety Obligations

I agree to follow all safety protocols and instructions provided by Monadnock Firearms staff, Dead Air Silencers representatives, and Range Safety Officers (RSOs). I understand that failure to comply may result in being asked to leave the event without refund or recourse.

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#### 5. Indemnification and Liability Release

I release and hold harmless Monadnock Firearms, Dead Air Silencers, their employees, owners, affiliates, volunteers, sponsors, and event partners from any and all claims, demands, or liability arising from my participation—regardless of cause, including negligence.

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#### 6. Medical Treatment Consent

If I am injured or require emergency assistance, I authorize Monadnock Firearms and/or emergency responders to render or seek treatment on my behalf. I accept full responsibility for any resulting medical costs.

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#### 7. Media Consent

I understand that this event may be photographed or recorded. I grant Monadnock Firearms and Dead Air Silencers permission to use my image, voice, or likeness in any promotional, social media, or marketing materials without compensation or further approval.

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### Participant Signature

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### For Participants Under 18

Parent/Guardian Full Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_