

Firearms Course

STUDENT REGISTRATION

INSTRUCTIONS: Fill out each field completely, and return this registration form to your instructor.

Name: _____ Date: _____

Address: _____

City, County & State: _____ Zip: _____

E-Mail Address: _____

Release and Waiver of Liability

The undersigned acknowledges that the reaction to, possession of, and/or use of firearms is potentially dangerous, and involves risk of serious personal injury, death, psychological trauma, and/or other personal and financial liability. The undersigned agrees to assume all risk and waives any and all claims of liability for personal injury, death, psychological trauma, and/or other personal or financial loss.

Print Full Name: _____

Signature: _____

Date: _____

PARTICIPANT AGREEMENT RELEASE AND ASSUMPTION

In the consideration of the services of SHOOTERS FIREARMS & INDOOR RANGE INC., their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "SFIR"), I hereby agree to release, indemnify and discharge SFIR, on behalf of myself, my spouse, my children, my parents, my heirs assigns, personal representative and estate as follows:

1. Acknowledge that target practice at an indoor range entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death or damage to me, to property or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: Participation may result in the undersigned or third parties being shot by a firearm; suffering hearing loss; eye injury or loss; inhalation or contact with airborne contaminants and or flying debris. Furthermore, SFIR employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They may give incomplete warnings or instructions and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless the SFIR from any and all claims, demands, or causes of action, which are in any way connected with my participations in this activity or my use of SFIR's equipment or facilities, including any such claims which allege negligent acts or omissions of SFIR.
4. Should SFIR or anyone acting on behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the cost of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.
7. I agree to pay for all damages caused by my shooting mishaps.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against SFIR on the basis of any claim from which I have released them herein.

I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT. I HAVE READ AND UNDERSTAND IT AND AGREE TO BE BOUND BY ITS TERMS

Signature of Participant 1 _____ Print Name _____

Address _____ ID # _____

Phone _____ Alt Phone _____ Date _____

Signature of Participant 2 _____ Print Name _____

Address _____ ID # _____

Phone _____ Alt Phone _____ Date _____

By signing this release, I acknowledge to SFIR that I have not been convicted of a felony, am not currently subject to a restraining order, nor am I currently under indictment for Felony Violation. I have not been institutionalized for any mental disorders, nor has a U.S. Judge ordered such an institutional commitment. I have read, understand, and agree to abide by the Range Safety Rules of SFIR.

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION MUST BE COMPLETED FOR PARTICIPANTS UNDER THE AGE OF 18

In consideration of _____ (print minor's name)
("Minor") being permitted by SFIR to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless SFIR from any and all claims which are brought by or on behalf of Minor and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____

Date: _____