

Assumption of Risk and Release of Liability and Claims

I, the undersigned, do certify that I am aware of the dangers and risks associated with the use of a firing/gun range. I agree to comply with the rules, regulations, and safety procedures governing the use of the Cold Bore Institutions, LLC herein after CBI, LLC outdoor range facilities and partners or leased facilities.

In consideration for allowing me access to and use of the CBI, LLC facilities, partner or leased facilities, I personally assume all risks in connection with said access and use, whether foreseen or unforeseen, and further, for myself, my family, my guests, legal heirs and assigns, do hereby release and hold harmless Cold Bore Institutions, LLC officers, directors, agents, land owners, and employees from any harm, death, or other damages to myself which may arise while engaged in the use of facilities, services, or equipment of CBI, LLC.

I agree to indemnify and hold harmless CBI, LLC from and against any and all claims, including any act or omission on the part of CBI, LLC, its officers, directors, agents, employees, licensees, land owners, and guests, during my time using Cold Bore Institutions, LLC's, partners or leased facilities for any personal injuries, loss of life, and/or damages to my person and/or property sustained in or about the Cold Bore Institutions, LLC facilities and leased facilities, and from and against all costs, counsel fees, expenses, and liabilities incurred in and about such claims, investigations thereof of the defense of any action or proceeding brought thereon and from and against any orders, judgments and/or decrees which may be entered therein.

It is understood that I am personally responsible for the safe handling and proper functioning of any firearm or munitions that I bring onto the Cold Bore Institutions, LLC training facilities. Cold Bore Institutions, LLC has no responsibility to guarantee, verify, or approve the safety and functioning of these items.

Firearms Training

- ❖ I fully understand that I will be responsible for talking to a physician before participating in the training.
- ❖ I confirm that I am physically and psychologically fit in participating in this training.
- ❖ I fully understand the risks involved in this training activity. I understand that this is serious and life-threatening.
- ❖ I release this organization for any liabilities like injuries, damages, accidents, or death.
- ❖ I release, waive, and indemnify this organization including the employees and owners, from any accidents, injuries, damages, or death during the training classes.

- ❖ I confirm that I am 21 years or above and I am legally allowed to own and use a firearm.
- ❖ **If the instructor believes that I am involved in any suspicious or criminal activities, the instructor has the right to expel the participant without a refund.**
- ❖ I confirmed that all information I entered in this form is true and accurate.

I, further state that I am of lawful age and legally competent to enter into this affirmation and release, and I understand the terms herein are contractual and not mere recital, and I have signed this document voluntarily and as my own free agent.

I, further certify that I am not under the influence of alcohol or drugs and that it is legal for me to be in possession of a firearm.

IN WITNESS WHEREOF, I have executed this affirmation and release:

Participant Legal Name (please print): _____ Age: _____

Street Address _____

City/State/Zip: _____ / _____ / _____

Signature: _____ Date: _____

If participant is younger than 21 years of age:

Participant Legal Name (please print): _____ Age: _____

Street Address _____

City/State/Zip: _____ / _____ / _____

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____