

Tactical Self Defense & Firearms Company LLC – Colorado Concealed Handgun Permit Training Course:
BASIC HANDGUN TRAINING CLASS Release of Liability Form

I, the undersigned, hereby acknowledge that I have voluntarily applied to engage in the activity of basic firearm instruction with Tactical Self Defense & Firearms Company LLC.

I understand that the activity of firearm instruction involves numerous risks, including loss of control, ricochet, ignorance, neglect, and obstacles, whether obvious or not obvious. I further understand that others participating in firearm instruction, irrespective of their training and usual past behavior and characteristics may act or react unexpectedly or unpredictably at times, and I also assume such risks and consequences.

As consideration for voluntarily participating in firearm instruction with Tactical Self Defense & Firearms Company LLC, I do hereby waive any claim and release Tactical Self Defense & Firearms Company LLC and all owners, officers, members, affiliated organizations, range facilities, land owners, agents, and or employees for any injury or death caused by or resulting from my participation in the activity of firearm instruction and shooting.

This contract shall be legally binding upon my estate, assigns, my personal representatives and me.

I HAVE READ THIS DOCUMENT IN ITS ENTIRETY. I DO HEREBY ATTEST THAT EVERYTHING SUBMITTED HEREIN IS TRUE AND ACCURATE. I UNDERSTAND I MUST BE 21 YEARS OF AGE TO APPLY FOR AND OBTAIN A CONCEALED CARRY HANDGUN PERMIT IN THE STATE OF COLORADO. FURTHERMORE, I DO HEREBY ATTEST THAT I AM LEGALLY ALLOWED TO POSSESS A FIREARM IN THE UNITED STATES. I AM NOT CURRENTLY THE SUBJECT OF EITHER A CRIMINAL, DOMESTIC PROTECTION OR CIVIL RESTRAINING ORDER. I AM NOT AN UNLAWFUL USER OF OR ADDICTED TO ANY ILLEGAL OR CONTROLLED SUBSTANCE. I HAVE NEVER BEEN ADJUDICATED AS MENTALLY DEFECTIVE OR INCOMPENTENT TO MANAGE MY OWN AFFAIRS. I HAVE NEVER BEEN DISCHARGED FROM THE UNITED STATES ARMED FORCES UNDER DISHONORABLE CONDITIONS. I AM A CITIZEN OR LEGALLY IN THE UNITED STATES. I UNDERSTAND THIS DOCUMENT IS PARTICIPANT AGREEMENT, I AM GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH OR PROPERTY DAMAGE. I SPECIFICALLY AND KNOWINGLY AGREE I EXPRESSLY AND IRREVOCABLY INTEND TO RELEASE TACTICAL SELF DEFENSE AND FIREARMS COMPANY LLC, ITS SHAREHOLDERS, DIRECTORS, OFFICERS, EMPLOYEES, INSTRUCTORS AND VOLUNTEERS FROM THEIR OWN NEGLIGENCE. THIS IS A RELEASE OF LIABILITY. PLEASE SIGN THIS RELEASE ONLY IF YOU UNDERSTAND AND AGREE WITH ITS TERMS.

Your FULL name _____

Birth date _____

DL #, State, and Exp. Date _____

Address _____ City _____

County _____ State _____ Zip _____

In case of emergency please notify _____ Phone _____

Signature of participant _____ Date _____