**West Armory, LLC**

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND IDEMNITY AGREEMENT

In consideration of participating in the Live Fire Shooting range, and/or West Armory Training Programs,

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ represent, that I understand the nature and risks of this activity and that I am qualified, am in good health, both mentally and physically, as well as possess the physical fitness standards displaying proper health, maturity and mental health condition to participate in such activities.

I fully understand that these activities involve risks of serious bodily injury, including permanent paralysis, disability and/or death, which may be caused by my own actions, or inactions, those of others participating in the training, the conditions in which training takes place, or the negligence of the releases named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs and damages I incur as a result of my participation in the training.

I hereby release, discharge and covenant not to sue West Armory, LLC., James Albritton and his/their respective administrators, directors, agents, officers, volunteers, employees, Instructors, Consultants and trainers. This is to include other participants, sponsors, advertisers, and if applicable, owners and lessors of premises on which this training takes place from all liability, claims, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence or the “releases:” or otherwise, including negligent rescue/aid operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk, I or anyone on my behalf, makes a claim against any of these releases, I will indemnify, save, and hold harmless each other the releases from any loss, liability, damages, or cost which if any may incur as the result of such claim.

I have read the REALEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND IDENMINTY AGREEMENT, understand that I have given up substantial rights by signing this agreement and have signed it freely and without any inducement and assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to the valid balance, notwithstanding, shall continue in full force and effect.

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Printed name of Participant Date Date of Birth

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Address City State Zip

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Phone Number E-mail Address

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Signature of Participant Emergency Contact Name and Phone

**Media Release Waiver**

I, the undersigned, do hereby give my consent and permission to West Armory, LLC, Staff, Affiliates, Partners and/or Ranges to use my image and or statements for the purposes of promotion of the training, in video, still photography, audio and/or written statements. The statements may be used at West Armory, LLC’s discretion, including, but not limited to editing MEDIA for content and/or conciseness.

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Printed Name Participant Signature Date

**Range Rules Acknowledgement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Have received a copy, read, and understand the Range Rules for West Armory, LLC Shooting Range.

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Signature of Participant Date

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Print Witness (West Armory Employee) Witness Signature