

**WS2 Concepts Firearm Training Waiver and Release of Liability Form**

(PLEASE READ CAREFULLY BEFORE SIGNING.)

1. I acknowledge that shooting activities have inherent danger when firearms are handled inappropriately. While training with WS2 Concepts Training, I will follow safety doctrine and heed all commands given from the designated trainer.
2. I represent that I am under no type of restraining order which prevents my possession and/or use of firearm. I am legally able to purchase, own and operate a firearm.
3. I agree to assume full responsibility of any and all risks, injuries and damages, known and unknown, of whatsoever kind of nature, which I might incur as a result of participating in shooting events with WS2 Concepts Training.
4. I assume responsibility for any and all guests I bring to the range to train with WS2 Concepts Training.
5. In consideration of being permitted to participate in shooting activities with WS2 Concepts Training, I knowingly, voluntarily and expressly waive any and all claims I, my Estate, my heirs, or any person claiming under me completely and without reservations that I may have against WS2 Concepts Training, its trainers, owners of land on which training occurs, employees, or representatives from any and all kinds of injuries or damages that I may sustain as a result of participating in shooting range activities.
6. I consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness when at the shooting range.
7. This release shall remain in full force and effect so long as I participate in activities with WS2 Concepts Training.
8. **I understand and agree that I am financially responsible for full payment of products/services prior to the scheduled time for class/training. I understand that I must pay for my training session with WS2 Concepts Training, at the time of booking, in order to reserve a time slot. In the event I am unable to keep my scheduled appointment, I must give at least 24 hours notice to cancel or reschedule my training session. I also understand that all payments made for training are NONREFUNDABLE. (In the event you miss your scheduled class without the required 24 hour notice to reschedule or cancel, it will result in an automatic cancellation. Once your class is cancelled, you WILL NOT be allowed to reschedule and NO REFUNDS will be given. A new class must be purchased.) If class is cancelled due to inclement weather or other agreed upon circumstances, no refunds will be given. However, funds will be transferred to the next agreed upon available class.**
9. I agree that **I WILL NOT POST THE NAME OR THE LOCATION OF THE RANGE ON ANY SOCIAL MEDIA PLATFORM**.
10. I have read and fully agree with the above release and waiver of liability and fully understand its contents.

 BY SIGNING THIS INSTRUMENT, I HEREBY ACKNOWLEDGE AND AGREE THAT I AM LEGALLY

AUTHORIZED AND COMPETENT TO SIGN AND I HAVE READ AND UNDERSTAND ALL PROVISIONS

CONTAINED IN THIS INSTRUMENT. ADDITIONALLY, I ACKNOWLEDGE THAT I HAVE THE RIGHT TO

CONSULT WITH LEGAL COUNSEL PRIOR TO SIGNING; PROVIDED, HOWEVER, THAT I WILL NOT BE PERMITTED TO ENTER UPON THE PROPERTY AND PARTICIPATE IN THE SHOOTING ACTIVITIES WITHOUT SIGNING.

**Releasing Party:**   *[If under the age of 18, a parent/guardian must sign]*

Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

/s/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /s/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Emergency Contact Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_