

# Application

## Spectre Tactical

James L. Henry, Certified NRA Firearms & AKCHP Certified Instructor  
Chugiak, Alaska  
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1. Spectre Tactical depends upon the careful control of deadly weapons by each student, thus it is dependent that each student follow each and all safety rules. I understand that my instruction may be terminated at any time during the course if the staff deems my cooperation or behavior unsatisfactory.
2. I agree to sign an accident waiver and release of liability form releasing Spectre Tactical from all injuries I may sustain during the training program.
3. It is the sole responsibility of the student to insure they have scheduled time for the course(s). Thus, I understand that my payment is nonrefundable/non-transferable. No student substitutions will be accepted.
4. All applicable local, state, and federal laws will be adhered to.

Course Title: \_\_\_\_\_

Student Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Alaska Driver's License **OR** Alaska State ID number: \_\_\_\_\_\*

*\*Needed for Alaska Concealed Handgun Permit Certification Only*

Formal prior training? (Please circle):    Yes            No

If yes, name of agency, organization, class names:

Have you ever fired a handgun or rifle/shotgun?

If “yes” – has it been within the last 6 months?

What firearm(s) will you be using for class (make, model)?

All enrollment fees must be paid in full unless otherwise agreed upon. A secure payment link will be sent out once this application and WAIVER are received. If the class is cancelled due to weather conditions (and not rescheduled), or cancelled by Spectre Tactical, the class fee is 100% refundable.

I agree to abide by Spectre Tactical’s application & guidelines above:

Signature of student: \_\_\_\_\_

Print: \_\_\_\_\_

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

# **ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

## **Spectre Tactical**

**Anchorage, Alaska**

**907-947-2800**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby act for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, **THE FOLLOWING ENTITIES OR PERSONS:** Spectre Tactical and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that Spectre Tactical and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants but are also present for volunteers. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

This WAIVER is valid on all classes thru December 31<sup>st</sup>, 2024.

**I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.**

\_\_\_\_\_ Date \_\_\_\_\_  
Participant's Signature

(Please print legibly. Electronic signature acceptable.)

\_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature

(If under 18 years old, Parent or Guardian must also sign.)