



FIREARM SAFETY SOLUTIONS, LLC

P.O. Box 1353, Sagle, Idaho 83860

Release, Waiver, Indemnification, Hold Harmless, And Assumption Of Risk Agreement

I, _____ fully understand that there is a potential personal risk involved in firearms handling instruction classes conducted by Firearm Safety Solutions, LLC and their agents, members and instructors.

I, _____ fully understand that I am attending voluntarily and am assuming all personal risks of property damage, bodily injury, or death which may occur as a result of my participation in this activity; and agree that, Firearm Safety Solutions, LLC and it's agents, members and instructors are not liable for any damage, injury or death as a result of this activity. I also understand that eye and hearing protection are required at all times while on the shooting range.

I, _____ agree to hold blameless and do hereby indemnify, waive and release from all liabilities Firearm Safety Solutions, LLC, and their agents, members and instructors and/or participants for all risks, damages, injuries, or death occasioned by my participation.

I, _____ do hereby acknowledge that the sole purpose of Firearm Safety Solutions, LLC and their agents, members and instructors is to educate as to the mechanisms of firearm skills and knowledge. Furthermore, I understand that neither Firearm Safety Solutions, LLC and their agents, members and instructors nor their agents are qualified to advise or instruct as to when the use of the firearm is appropriate, except for those listed in the Idaho Statutes/Code which are taught only by a member of the Idaho State Bar or a Police Officer within the state of Idaho who possesses a intermediate P.O.S.T. certification or higher or the National Rifle Association rules and procedures for training. Any representations made by Firearm Safety Solutions, LLC and their agents, members and instructors regarding the legality of carrying, transporting, displaying or use of firearms in a particular situation is merely hypothetical and in no way constitutes legal advice.

I, _____ am aware that all course tuition and fees paid to Firearm Safety Solutions, LLC are not refundable for any reason.

I, _____ acknowledge by signing this document I'm not prohibited by any Federal, State, or local law or ordinance from owning, possessing, or using firearms.

I, _____ understand that Firearm Safety Solutions, LLC, and their agents, members and instructors urges all participants, clients and students to contact a qualified attorney for legal advice concerning all situations involving carrying/transporting and for use of firearms. Legal advice should be sought regarding the rights, privileges and responsibilities involving self defense, crime prevention and the protection of life and personal property.

By signing this document I declare that I have read and fully understand its contents.

Print Full Name: _____

Sign Full Name: _____ Date _____

I am the Parent or Legal Guardian of the above named student and by signing this document I declare that I have read and fully understand its contents and authorize my child to participate in classroom and shooting activities facilitated by Firearm Safety Solutions, LLC and it's instructors. I agree to abide by the above agreement on behalf of my child.

Print Full Name: _____

Sign Full Name: _____ Date _____