



FIREARM TRAINING LIABILITY WAIVER & RELEASE

THE WEAPONS MECHANIC

4652 E Hwy 20, Suite 104

Niceville, FL 32578

FFL 1-59-091-01-6G-57852

SOT 92-3178382

PARTICIPANT INFORMATION

Full Legal Name:	
Driver's License #:	
Phone:	
Email:	
Address:	
Emergency Contact Name:	
Emergency Contact Phone:	

ASSUMPTION OF RISK

Participation in firearm training involves inherent risks including, but not limited to, serious bodily injury, permanent disability, property damage, and death. I voluntarily assume all risks associated with firearm handling, live fire exercises, classroom instruction, movement drills, and range activities.

RELEASE OF LIABILITY

I release, waive, discharge, and hold harmless The Weapons Mechanic, its owners, employees, instructors, contractors, affiliates, and any host shooting range or training facility from any and all claims, demands, damages, or causes of action arising out of or related to participation in training activities, including claims of negligence, to the fullest extent permitted by Florida law.

RANGE-HOST INDEMNIFICATION

If training occurs at a third-party range or facility, I agree to indemnify, defend, and hold harmless The Weapons Mechanic and the host facility from any claim, liability, damage, or expense (including attorney's fees) arising from my actions, negligence, misconduct, or violation of range rules.

LEGAL POSSESSION CERTIFICATION

I certify that I am legally permitted under federal and Florida law to possess, handle, and train with firearms and ammunition. I further certify that I am not a prohibited person and am not subject to any legal disability preventing lawful firearm possession.

MEDICAL ACKNOWLEDGMENT

I affirm that I am physically and mentally capable of safely participating in firearm training activities. I agree to inform instructors of any medical condition, impairment, or medication that could affect my ability to safely handle firearms or follow instructions.

ARBITRATION AGREEMENT

Any dispute arising from participation in training shall be resolved through binding arbitration in the State of Florida in accordance with the rules of the American Arbitration Association. I waive the right to trial by jury. Florida law shall govern this agreement.

MEDIA RELEASE (INITIAL ONE)

Authorize use of my photo/video for marketing.	INITIAL
Do NOT authorize use of my photo/video.	INITIAL

ACKNOWLEDGMENT & SIGNATURE

Participant / Parent / Guardian Signature:	
Printed Name:	
Date:	
Instructor / Representative:	