

**RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND  
AGREEMENT TO PAY CLAIMS**

Activity: \_\_\_\_\_

Activity Date(s) and Time(s): \_\_\_\_\_

Activity Location(s): \_\_\_\_\_

1. In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue **RA Tactics** and their employees, officers, directors, volunteers and agents (collectively "RA Tactics") from any and all claims, including claims of **RA Tactics'** negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

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2. I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.

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3. I agree to hold **RA Tactics** harmless from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the **RA Tactics** incurs any of these types of expenses, I agree to reimburse **RA Tactics**. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

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4. I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing **RA Tactics** from all liability, (b) promising not to sue **RA Tactics**, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.
5. I understand that this document is written to be as broad and inclusive as legally permitted by the State of Nevada. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.
6. I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.
7. If using a **RA Tactics** provided firearm, I agree that upon using the firearm I accept all the same dangers and risks associated with the Activity as well as the risks and dangers associated with the firearm. I accept that **RA Tactics** has serviced and deemed the firearm provided a safe and usable firearm. If the firearm provided is damaged due to negligence and or improper care (determined by **RA Tactics' Staff**), I will pay for the repairs and or replacement of the firearm.

Participant Signature: \_\_\_\_\_

Participant Name (print): \_\_\_\_\_

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

1. If Participant is under 18 years of age:
  - a. I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing **RA Tactics** from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of the Participant as described in this document. I agree to be bound by the terms of this document.
  - b. I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

1. Signature of Minor Participant's Parent/Guardian \_\_\_\_\_

2. Name of Minor Participant's Parent/Guardian (print)/Date

\_\_\_\_\_

3. Minor Participant's Name and Date of Birth

\_\_\_\_\_

## RA Tactics Photo/Video Release Form

Photo/Video Release Form:

I, \_\_\_\_\_(please print), grant permission to **RA Tactics** and its agents and employees the irrevocable and unrestricted right to reproduce the photographs and/or video images taken of me, for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. I hereby release **RA Tactics** and its legal representatives for all claims and liability relating to said images or video. Furthermore, I grant permission to use my statements that were given during an interview or guest lecture, with or without my name, for the purpose of advertising and publicity without restriction. I waive my right to any compensation.

I acknowledge that I am:

over the age of 18

the legal guardian of the following

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

If legal guardian of under age participant, please list name(s) here:

Name(s): \_\_\_\_\_

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

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