

Please bring completed form with you to class
or email to cyrus@2ndfundamentals.com



AGREEMENT - RELEASE AND LIABILITY WAIVER

The instructor, Chris Cyrus, will provide training and instruction on the topics associated with Firearm Safety; however, he WILL NOT provide legal advice or opinion.

The instructor IS NOT representing any Law Enforcement Agency.

WARNING: THIS DOCUMENT LIMITS YOUR LEGAL RIGHTS. CONSULT WITH AN ATTORNEY BEFORE SIGNING. THE USE OF FIREARMS IS DANGEROUS.

I, _____, hereby assume all risks by agreeing to the following: (Name)

(please initial next to each and sign below)

- _____ 1. That I am voluntarily participating in the Firearms Training Course (class) by Chris Cyrus. I understand the risks and hazards involved, and I recognize serious and life-threatening injuries can occur while carrying or using a firearm, participating in class, or later from the materials presented, whether caused by the passive or active negligence of any representatives, the Shooting Range and its entities or otherwise.
- _____ 2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in class. I represent that I am physically fit and I have no medical, psychological, or any other condition, which would prevent my full participation in the firearms class.
- _____ 3. I realize that liability 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.
- _____ 4. In consideration of being permitted to participate in the activities of the firearms training class, I agree to assume full responsibility for any and all risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the class which include, but are not limited to, instruction in the use of firearms, the discharge of firearms and the firing of live ammunition.
- _____ 5. In further consideration of being permitted to participate in the firearms training class, I, my legal heirs, executors, administrators, next of kin, successors, or legal representatives knowingly, voluntarily, and expressly waive, release, discharge, hold harmless and promise to indemnify and covenant not to sue the Instructor or any of his Representatives, the County, or Shooting Range; their agents, facilities owner, officers, director, shareholders, employees, instructors, volunteers, or representatives from any and all injuries or damages of whatsoever kind and nature that I may sustain as a result of participating in the firearms training class, or of direct or indirect use of the instruction of the class. I understand that this type of training may result in minor injuries such as bruises and lacerations.
- _____ 6. I certify that I am over the age of twenty-one (21) years and I am legally entitled to own and use a handgun and/or firearm.

_____ 7. I agree that any provisions of this release are held to be invalid, nevertheless, the balance of the release shall continue in full force and effect.

_____ 8. I agree that if the instructor believes that I am or will be involved in criminal activity, the instructor will expel me from the class with no refund. I also agree to hold the parties covered in this waiver are not liable for slander and/or libel as part of being expelled.

_____ 9. I agree that if the instructor believes that I am or will be unsafe or dangerous, the instructor will expel me from the class with no refund. I also agree to hold the parties covered in this waiver are not liable for slander and/or libel as part of being expelled.

_____ 10. I understand that photos and video may be taken during the course and agree that my image may be used for advertising and that extreme close frontal facial angles and names will not be published without prior approval.

_____ 11. I understand that I must sign this release of liability and fully comprehend the structure and nature of the class, and the risks involved before being allowed to participate in this class.

I have read the above release and waiver of liability and fully understand its contents.

I have been informed of all risks involved and I voluntarily agree to the terms and conditions stated above.

Date _____

Signature of Participant _____

Printed name: _____

Phone: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone: _____