**RELEASE OF LIABILITY**

**I ACKNOWLEDGE AND UNDERSTAND THAT SHOOTING ACTIVITIES ARE INHERENTLY HAZARDOUS and involve both known and unanticipated risks which could result in damage or destruction of property and physical or emotional injury, including paralysis or death, of myself or of other persons. The risks include, but are not limited to: being shot by or shooting myself or others; partial or total loss of eyesight or hearing; inhalation or other harmful contact with lead or other contaminants; and being struck by flying or falling objects. I understand that such risks cannot be eliminated without compromising the essential qualities of shooting activities. INITIAL \_\_\_\_\_\_**

**I FURTHER ACKNOWLEDGE AND UNDERSTAND THAT the nature and condition of the Sprague Rod and Gun Club (AKA RANGE) facilities, premises and environment is such that both known and unanticipated hazards exist which create or contribute to both known and unanticipated risks inherent in entering on to the Classroom and Academi Training Center Northeast which from here on out will be called “RANGE”, in using RANGE facilities and in engaging in or observing any activities of any kind whatsoever while at the RANGE. I understand that such hazards and risks cannot be eliminated without compromising the essential qualities of the RANGE facilities, equipment, premises and environment. INITIAL \_\_\_\_\_\_**

**I EXPRESSLY AGREE TO ACCEPT AND ASSUME ANY AND ALL RISKS EXISTING ON THE Classroom/ RANGE AND IN ENTERING ON TO THE RANGE AND IN USING RANGE FACILITIES OR EQUIPMENT AND IN ENGAGING IN OR OBSERVING SHOOTING AND OTHER ACTIVITIES AT THE RANGE. INITIAL \_\_\_\_\_\_**

**I AGREE to assume all responsibility and liability for any act or acts, even any negligent, reckless or criminal act or omission to act, of my Guests at the Classroom/ RANGE (I understand that “my Guests” includes any and all persons who are not a student of the class (Student being a paid person who signed up for the purpose of learning), use the Classroom/ RANGE facilities or engage in or observe shooting and other activities at the Classroom/ RANGE as a result of my express invitation, permission or consent). I agree that I will ensure that each of my Guests read and sign an “Acknowledgement of Risk, Release & Indemnity Agreement.” INITIAL \_\_\_\_\_\_**

**I ACKNOWLEDGE AND AGREE that this Agreement shall be interpreted and enforced under the laws of the State of Connecticut, and that the venue for any action or proceeding shall be the State of Connecticut, without regard for the conflict of law rules of the State of Connecticut. INITIAL \_\_\_\_\_\_**

**FURTHER ACKNOWLEDGE AND AGREE that this Agreement is intended to be as broad and inclusive as permitted by law, and that if any provision or portion is held to be invalid, void or otherwise unenforceable, I agree and intend that the remaining provisions or portion shall continue and remain in full legal force and effect. INITIAL \_\_\_\_\_\_**

 **I attest that** I have not been convicted of a felony or any one of 11 misdemeanor offenses detailed in the statute make me ineligible to receive an eligibility certificate. I addition I have not been convicted as a delinquent for the commission of a serious juvenile offense (as defined in [**Section 46b-120**](http://www.cga.ct.gov/current/pub/chap_815t.htm#sec_46b-120)); persons discharged from custody within the preceding twenty years after having been found not guilty of a crime by reason of mental disease or defect (pursuant to [section 53a-13](http://www.cga.ct.gov/current/pub/chap_951.htm#sec_53a-13)); persons confined in a hospital for persons with psychiatric disabilities, persons voluntarily admitted on or after October 1, 2013, to a hospital for persons with psychiatric disabilities (as defined in [section 17a-495](http://www.cga.ct.gov/current/pub/chap_319i.htm#sec_17a-495)), within the preceding 12 months by order of a probate court; persons subject to a restraining or protective order issued by a court in a case involving the use, attempted use or threatened use of physical force against another person; persons subject to a firearms seizure order issued pursuant to [C.G.S. 29-38c](http://www.cga.ct.gov/current/pub/chap_529.htm#sec_29-38c) after notice and hearing; and any person who is an alien illegally or unlawfully in the United States, are prohibited from obtaining an eligibility certificate.

 **INITIAL \_\_\_\_\_\_**

**I UNDERSTAND THAT BY MY SIGNATURE I AM GIVING UP SUBSTANTIAL RIGHTS, THAT I AM AGREEING NOT TO SUE ROBERT GUEST, EASTERN CT FIREARMS LLC AND RELEASING AND HOLDING HARMLESS ROBERT GUEST D.B.A. EASTERN CT FIREARMS LLCANDACADEMI TRAINING CENTER NORTHEAST OF ALL LIABILITY AS WELL.**

**Signed on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at Address675 W. Thames Street, Norwich CT 06360**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please indicate if Guest \_\_\_\_\_ or Minor (under age 18) \_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Agreement of Expectations of Students to Pass

 To successfully pass this course you must attend the 8 hour instructional class which includes live fire. You must meet the following at minimum to pass this course

1. Score at least an 80% on the written examination
2. Fire live fire from a pistol of your choice at a target 15 feet away. While maintaining your safety rules you must hit 12 out of 15 shots in a standard B-17 type silhouette target.

If you do not meet these requirements you will be allow a short remedial and allowed a second time to qualify.

If you failed again you will be required to attend the full class at a separate date again.

Students Signature\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_