



COREMEDICALFOUNDATION

FIREARMS TRAINING AGREEMENT - RELEASE AND WAIVER OF LIABILITY

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

1. That I am voluntarily participating in a Firearms Training Course by the Core Medical Foundation. I understand the risks and hazards involved, and I recognize serious and life-threatening injuries can occur while carrying or using a firearm or participating in class.
2. 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 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.
4. I understand that this type of training may result in minor injuries such as bruises and lacerations.
5. I certify that I am legally entitled to own and use a rifle and/or firearm.
6. I understand that photos and video may be taken during the course and agree that my image may be used for advertising.
7. I understand that I must sign this release of liability and fully comprehend the structure and nature of the class, and also the risks involved before being allowed to participate in this class. I have read the above release and waiver of liability and full 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: _____

DL # _____

Phone Number: _____

Email Address: _____