

# RELEASE OF LIABILITY WAIVER and COVENANT NOT TO SUE

## Description of Activity:

I, \_\_\_\_\_ ,

( *print full name above* )

hereby acknowledge that I am voluntarily participating in firearms training provided by **SIGMA Firearms Training**. I understand that this activity involves the use of firearms, which may pose inherent risks.

## Assumption of Risk:

I also acknowledge that there are inherent risks associated with firearms training, including but not limited to the risk of injury, death, and property damage. I willingly and knowingly assume all such risks.

**Initial:** \_\_\_\_\_

## Release and Waiver:

In consideration for being allowed to participate in the firearms training, I hereby release, waive, and discharge **SIGMA Firearms Training, 1st Line Of Defense, Private Range Land Owner**, Instructor(s), any employees, and agents from any and all claims, liabilities, demands, actions, or causes of action arising out of or related to any loss, damage, injury, or death that may occur as a result of my participation in the firearms training.

**Initial:** \_\_\_\_\_

**Covenant Not to Sue:**

I also agree not to bring any legal action or suit against **SIGMA Firearms Training, 1st Line Of Defense, Private Range Land Owner**, Instructor(s), any employees, and agents for any claims, liabilities, demands, actions, or causes of action arising out of or related to my participation in the firearms training.

**Initial:** \_\_\_\_\_

**Indemnification:**

I also agree to indemnify and hold harmless [Firearms Training Company Name], its owners, instructors, employees, and agents from any and all claims, liabilities, demands, actions, or causes of action brought by any third party arising out of my participation in the firearms training.

**Initial:** \_\_\_\_\_

**Acknowledgment of Understanding:**

I have **carefully read** and **fully understand** the contents of this waiver of liability and covenant not to sue. I am aware that I am releasing certain legal rights by signing this document, and I am signing it voluntarily.

**Participant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/2023

## PARENT / GUARDIAN WAIVER FOR MINORS

In the event that the participant is under the age of legal consent (18 years of age), then this release must be signed by a parent or guardian, as follows:

**I HEREBY CERTIFY** that I am the parent or guardian of:

*(please print minor name here)* \_\_\_\_\_ ,

named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

**Parent/Guardian Printed Name:**

**Parent/Guardian Signature:**

\_\_\_\_\_

\_\_\_\_\_

**Relationship to Minor:** \_\_\_\_\_

## EMERGENCY CONTACT INFO

In the event of an emergency, please contact the following person(s) in the order presented:

**Primary Contact:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Relationship to Participant:** \_\_\_\_\_

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**Secondary Contact:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Relationship to Participant:** \_\_\_\_\_

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Please list any all Medical conditions and/or allergies (medicinal, food & drink) below: