

Shooter's Release of Liability Form

I, _____, release James S. Cochrane, his assistants, and the facilities he may rent from any liability during any firearm instruction classes he may teach. I agree that I am attending the classes he teaches at my own risk, and that I will follow the safety rules provided.

I also hereby agree to the following:

- 1) Firearms are dangerous tools and training to use them can involve risk of injury or death, through either a failure to abide by the specified safety rules, accident, ricochets, or a structural failure of a firearm or ammunition.
- 2) I understand that it is my responsibility to consult with a physician before attending firearm instruction, I represent that I am physically fit and have no medical, psychological, or other condition that might interfere with my ability to participate in the instruction.
- 3) I represent that I am not barred from the possession or use of firearms due to conviction for any felony or misdemeanor domestic violence, I am not an unlawful user of any narcotic or dangerous drug regulated by the US Drug Enforcement Agency, I am not subject to a restraining order, I am not on parole or probation, I am legally present in the United States, and I am otherwise legally able to purchase, own, or possess firearms.
- 4) I agree that I am not under the influence of any substance, legal or illegal, which might impair my judgement or physical behavior, and that I am subject to being removed from any premises in which training is being conducted if there is reasonable suspicion that I am under such influence, that no fees shall be refunded in such an incident, and that law enforcement might be summoned in such an event.
- 5) I acknowledge that liability may arise from negligence or carelessness on the part of the person, parties, or entities being released, from dangerous or defective equipment, environmental hazards natural to outdoor shooting facilities, or property owned, maintained, or controlled by them, or because of their liability without fault.
- 6) In consideration of being allowed to attend the firearms training, I voluntarily, knowingly, of my own free will, waive any and all claims I, my Estate, my heirs, or any other entity acting on my behalf may have against the above entities from any injuries or damages I may sustain as a result of participating in the firearms training, and forever release, waive, and covenant not to sue James S. Cochrane, his assistants, or the ownership or management of any facility which he may rent or otherwise make arrangements to use for training, for any personal injury, death, disability, property damage, acts or omissions of whatever kind and nature, including but not limited to those caused by it's negligence or other acts, including the actions or omissions of other participants in the training or users of the facilities.
- 7) I hereby consent to receive any medical attention which may be required should there be an accident, injury, or illness during the training being conducted.
- 8) Any minor attending or participating in training must be accompanied by a parent or legal guardian at all times on the property, and may only fire any firearms under the direct supervision of a range officer or instructor.

I have read the above release and waiver of liability and fully understand it's contents. I voluntarily agree to the terms and conditions above.

This agreement is binding during any training class conducted by the above and while on facilities controlled by the above for such training.

Full Name

Signature

Date

Guardian (if a minor)

Guardian Signature

Date