

Nevada Firearms Coalition

Waiver, Release, Indemnification, Hold Harmless and Assumption of Risk Agreement Please initial and sign

1. I am a willingly participant in this shooting activity. _____
2. I understand the purpose of this activity is to provide education in safe firearms handling and use.

3. I understand that if I cannot or will not follow the commands and/or instructions of the instructors I may be asked to leave without a refund. _____
4. SAFETY is of paramount concern; I understand that I will follow all safety procedures and respond to range safety officer instructions immediately _____.
5. I understand and agree to abide by the Safe Handling, Use and Storage rules associated with this activity. _____
6. I understand that loud noise, flying cases/shells and chemical particulates are some of the hazards associated with firing cartridges/shells and these are a health risk; I understand protective measures such as hearing & eye protection, proper clothing, proper foot wear and proper hygiene minimize these risks and I accept responsibility for minimizing these risks. _____
7. I understand that women who are pregnant or nursing and children 7 years of age or younger should consult a physician before exposure to a shooting environment. _____
8. I certify that I am not under the influence of any substance that may impair my judgment or safe firearm handling tasks. _____
9. I certify that I am a citizen of the United States of America and I am not a prohibited possessor of firearms. _____

By signing this document I acknowledge I have read and understand and agree to all statements above. I agree to hold blameless, indemnify, waive and release NVFAC and the instructors of all liabilities associated with this firearms training course.

Date: _____ Location: _____

Print Name

Signature

Witness or Guardian Print

Witness or Guardian Signature

Emergency Contact

Phone Number

Feb 22, 2016