High Caliber Civilian & Officer Training Academy, Inc. Firearms Training Waiver, Release and Indemnity Agreement

All those who wish to train with us in any capacity must fill out this form in its entirety. All information provided will be kept confidential, and won't be distributed to others for any purpose. This waiver is strictly for use by High Caliber Civilian & Officer Training Academy, Inc. ("the Company").

Personal Confidential Inform	ation:		
First Name:	Last Name:	SSN:	
Date of Birth:	Driver's License/ID #	State of Issue:	
Home/Cell Phone:	Email:		
Address:			
City:	State: Zip:		
Emergency Contact Name/Rela	tionship:		
Emergency Contact Telephone:	<u> </u>		
List any previous firearms train	ning and/or certifications:		
directors, volunteers, instructors, equipment, its firearms, or my ow and assume any and all risks exist hazardous and involve risks both physical or emotional injury, inclining in any manner by myself or myself or emotional injured in any manner by myself	guests, agents, and affiliates from all liability for p on firearm. I agree to indemnify the Company from ting at the High Caliber Civilian & Officer Training known and unanticipated. I agree to assume all resulding paralysis or death, to others or myself. Possilor others, shooting others, partial or total loss of ey flying or falling debris or projectiles, disability, and	thereby release the Company, its member entities, owners, employees, officers, personal injury or property damage through use, in any way, of the facility, its a responsibility for any claims or demands arising out of such use. I agree to at any Academy, Inc. I acknowledge and understand that shooting activities are ponsibility of these risks, which could result in damage to property and seriou ble known and unknown injuries may include, but are not limited to: being shows the strength of the property and serious that the strength of the property and serious the death. I agree to assume all liability for any act, acts, or omission to act, even	ccept is ot or lead
and agree not to sue the Company and all claims, demands, damages personal injury, or death resulting Caliber Civilian & Officer Traini liability result from any acts of th Further, I agree to indemnify, defattorneys' fees, court costs, or lial premises, using any facilities or e and its operations, to the extent the	officers, directors, attorneys, agents, employees, of expenses, causes of action, attachments of proper from my entering the premises, using the facilities and Academy, Inc. and its operations, even if such the eCompany, even any negligent act or omission to fend, and hold harmless the Company, for any and boility of any kind that any person or entity may have quipment, or engaging in or observing shooting an	representatives, successors, that myself, and assigns release and forever discharge these same parties of the contractors, volunteers, and guests. I release and discharge these same parties of the release of the rescue operations of the release of t	for any igh y, or berty, he facility
		ons that could compromise my safety and the safety of others in any activities er any injury or damage I may cause or suffer, or else I agree to personally be	
Initial Other Rules: I agree to ab Range Safety Officers, and to sup		sued by the High Caliber Civilian & Officer Training Academy instructors, sta	aff, or
		ined as any pistol/handgun, rifle, shotgun and/or machine gun or device of any lischarges a projectile by the use of gunpowder or compressed air.	y
Initial Venue: This Waiver and F	Release and Indemnity Agreement is governed by the	he laws of the State of Florida. Venue shall be Ocala, Florida.	
indemnification agreement and a that I will not operate any firear	n contract between the Company and myself and t ms or equipment with which I am not completely j	d understand its contents. I am aware that this is a release from liability and that it imposes limitations to my legal rights. I sign it of my own free will. I cfamiliar. an & Officer Training Academy, Inc. for any shooting that causes damage.	certify
Signature of Participant	Date	Printed Name of Participant	
If participant is under the age of 1	8 years old, a parent or legal guardian must also in	nitial each section and, along with the participant, sign here:	
Signature of Parent/Legal Guardi	an Date	Printed Name of Parent/Legal Guardian	UCTOR CALIBI

