



TRIGGER CONTROL TRAINING

Empty hand, Competition, Tactical, Concealed Carry

www.TriggerControlTraining.com

Release of Liability

I _____ (**name**) who has registered and anticipate full participation in the _____ Course to be delivered on this _____ (**date**) of _____ (**month**), 20__ in for and in consideration of the services of **Trigger Control Training, LLC**, its agents, instructor(s), officers, representatives, directors, volunteers, participants, employees, staff and all other persons or entities acting in any capacity on behalf of of **Trigger Control Training, LLC**. I hereby fully acknowledge, understand, agree to, release and hold harmless of **Trigger Control Training, LLC** on behalf of myself, acting agents representing both real or personal property, heirs, next of kin, assigns, personal representative and estate and acknowledge each Article as follows:

1. I acknowledge the risks and dangers that exist in my use of any and all firearms and/or defensive tactics and techniques and my participation in such and assume the risk(s) which could result in physical and/or emotional injury, paralysis, death, or damage to myself, to property, or to third-parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity(ies). The risk(s) include, but are not limited to, among other things: the undersigned or third-parties being shot by a firearm; suffering hearing loss, eye injury or loss, inhalation or contact with airborne contaminants and or flying debris, and being struck anywhere on my person (body). Furthermore, I understand that the INSTRUCTOR(S), have a difficult job to perform. The INSTRUCTOR(S) seeks safety, but the INSTRUCTOR(S) is not infallible. The INSTRUCTOR(S) might be unaware of a participant’s fitness or abilities. The INSTRUCTOR(S) may give inadequate warnings or instructions, and the equipment used might malfunction. (**Your initials required**) _____

2. I expressly agree and promise to accept all of the risks existing in this activity. Participation in this activity is purely voluntary, and I elect to participate in spite of the risks. I agree to indemnify and hold harmless of **Trigger Control Training, LLC**, its agents, officers, representatives, directors, officers, volunteers, participants, employees and staff against loss or expense including attorney’s fees, by reason of the liability imposed by law upon of **Trigger Control Training, LLC**. It is further understood and agreed that this WAIVER AND ASSUMPTION OF RISK shall (at the option of of **Trigger Control Training, LLC**) defend I will provide appropriate of **Trigger Control Training, LLC** counsel and shall further bear all

costs and expenses, including the expense of counsel in the defense of any litigation, mediation and or arbitration suit arising hereunder. It is further agreed that all disputes shall be submitted to binding and litigated or arbitrated within the State's jurisdiction and venue of of **Trigger Control Training, LLC** registered office and settled in accordance with the rules of the Court or the American Arbitration Association. I hereby voluntarily release, of **Trigger Control Training, LLC** , its agents, officers, representatives, directors, officers, volunteers, participants, employees, and staff, forever (discharge) and agree to indemnify and hold harmless from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of any equipment or facilities including any and all, but not limited to, indoor or outdoor shooting ranges, including any such Claims which allege negligent acts or omissions of of **Trigger Control Training, LLC** , its agents, officers, representatives, directors, officers, volunteers, participants, staff and employees. **(Your initials required)**_____

3. I agree to be personally responsible for my own safety. I agree to follow all instructions given by INSTRUCTOR(S) immediately, except if I should have any reservations about any of the INSTRUCTOR(S)' instructions, I shall, while maintaining safety for myself and others, immediately notify of such. I may choose NOT to participate in any activity in this course of instruction that I deem unsafe. I additionally acknowledge that the INSTRUCTOR(S) may, at any time, make a judgment call such as but not limited to safety, disorderly conduct, or acting in an unsportsmanship-like manner and should I fail to correct my actions after being warned, the INSTRUCTOR(S) may use their own discretion and determine whether or not I may continue with the course by termination. Upon termination, I understand that I will have to leave the course/facility immediately and not be entitled to any refund of monies paid and all materials presented to me on that day or any related materials/equipment to the course will be returned as property of of **Trigger Control Training, LLC** . **(Your initials required)**_____

4. I agree that at anytime, if I am not capable, whether physically/mentally challenged in completing the required demands and/or functions of the course, I am required to immediately advise the INSTRUCTOR(S). I agree to perform the techniques taught at no greater speed or force level that I am comfortable with and competent at. I shall perform only those techniques taught by the INSTRUCTOR(S), and shall not improvise additional techniques on my own during the course of this instruction. I agree that the INSTRUCTOR(S) have no responsibility to accommodate me or change the instruction of the course. Prior to this course, upon registration process and prior to registration I acknowledge and I read all the requirements of this particular course. **(Your initials required)**_____

5. I shall immediately notify an INSTRUCTOR(S) of any injury that I receive, or that I observe injury to any other participant. **(Your initials required)**_____

6. I agree to make every effort to make the training area safe. However, should I become aware of any potentially unsafe aspect of the training area (shooting range), including unsafe behavior of other participants, I agree to immediately notify the INSTRUCTOR(S). **(Your initials required)**_____

7. I agree when arriving or departing range property, I must keep the firearm(s) unloaded and either cased or actions open, this includes concealed weapons while on the shooting range or any real property where the class instruction is being held. **(Your initials required)**_____

8. I consent to having my photograph taken while participating at of **Trigger Control Training, LLC** classes/events. These pictures may be displayed in any and all of **Trigger Control Training, LLC** publications, including but not limited to newsletters, the official website, brochures, advertisements, and any and all media including video, unlimited by of **Trigger Control Training, LLC** **(Your initials required)**_____

9. I understand that engaging in defensive techniques, firearms and/or the instructional activities constitutes my involvement in a very hazardous and dangerous activity with the accompanying risks of personal injury or death and loss or damage to personal property, and I hereby voluntarily assume those risks. **(Your initials required)**_____

10. Should an INSTRUCTOR(S) or any person present at this training event provide transportation in connection with this training, I acknowledge that such transportation is provided solely as a convenience to me and that it is not part of the training and that the of **Trigger Control Training, LLC** INSTRUCTOR(S), agents, employees, and staff has no responsibility or liability in connection with the transportation. **(Your initials required)**_____

11. I specifically release the shooting range owner/operator, any facility used for training purposes, the event sponsor(s)/class instructor(s), all individuals participating in the administration of the event/class instruction, and the Officers and Directors of the shooting range from any and all claims or liability related to these events/class instructions. I agree to indemnify the above-mentioned entities and individuals for any and all expenses and liability they incur as a result of any of my conduct related to the of **Trigger Control Training, LLC** shooting events/class instructions. **(Your initials required)**_____

12. I understand this course is being offered by of **Trigger Control Training, LLC**. Though the instructor(s) may be certified with the Idaho POST board or other organization, who customarily recognizes instructors and/or Peace Officers, this course, in part or in whole, is not associated with the Kootenai County Sheriff's Office, the Coeur d' Alene Police Department, the Idaho State Police, or any other law enforcement or other government agency. The course material provided through of **Trigger Control Training, LLC** is a private business venture. As such, the contents of the course, methods used, information provided, and the actions of the instructor(s), are not sponsored by, approved by, or affiliated with that of any governmental agency. **(Your initials required)**_____

13. I fully understand the laws regarding firearms, self defense, use of force, and the information contained in courses offered by of **Trigger Control Training, LLC** are ever changing. While of **Trigger Control Training, LLC** , will make every attempt to provide the most current information possible at the time of instruction,

I, _____ **(Your Name)** understand that these areas of instruction are always evolving, and will not hold of **Trigger Control Training, LLC**

responsible for changes to these laws that I may not be aware of. I understand that the instruction received will be an accurate reflection of these areas at the time of instruction, and I will be responsible for educating myself in any changes or updates to these regulations. I further acknowledge my responsibility in knowing and understanding the laws of any City, State, or other jurisdiction where I may apply the knowledge gained during my training, or exercise my ability to carry a concealed or dangerous weapon. **(Your initials required)**_____

14. I certify that I am not a fugitive from justice, or under criminal indictment. I have not been convicted of a felony, misdemeanor crime of domestic violence, or any crime relating to the unlawful use of firearms. I am not drug or alcohol dependent, nor am I under the influence of any intoxicating or mind altering substance; I am not under adjudication of mental incompetence; I am not associated with any hate or extremist groups; I am not the respondent in any Protection Order, temporary or otherwise, and can lawfully possess and use firearms. **(Your initials required)**_____

15. I expressly agree that the foregoing, Liability Waiver and Release is intended to be as broad as is permitted by the laws of the State of Idaho. I further agree that if any provisions of this agreement are held to be invalid, nevertheless, the balance of the agreement shall continue in full force and effect. WHEREFORE, I have had sufficient opportunity to read this entire document. I have read, acknowledge and understand the LIABILITY WAIVER, RELEASE AND ASSUMPTION OF RISK and fully understand its terms and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this agreement freely and voluntarily and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. **(Your initials required)**_____

(Participant's Printed Name) (Date)

(Witness's Signature) (Date)

(Phone number)

(Email address)