



[Firearms Training Course Declaration Form]

Form should be filled by the participant only
(Hand Written No Typing)

Course Title: _____

Date: _____

Location: _____

Participant Information:

Full Name: _____

Date of Birth: _____

Address: _____

City/State/ZIP Code: _____

Phone Number: _____

Email Address: _____

Course Details:

Instructor's Name: _____

Course Duration: _____

Course Fee: _____

Declaration and Acknowledgment:

I, the undersigned, hereby acknowledge and declare the following:

1. I understand that participation in a firearms training course involves inherent risks, including the risk of injury or death, and I am voluntarily participating in this course.
2. I will follow the safety rules and guidelines provided by the instructor or training organization, and I will adhere to them throughout the course.

3. I acknowledge that it is my responsibility to handle firearms in a safe and responsible manner, and I will follow all safety instructions provided by the instructor.
4. I certify that I am legally allowed to possess and use firearms in accordance with federal, state, and local laws and regulations.
5. I understand that any violation of safety rules or misuse of firearms during the course may result in my immediate removal from the course.
6. I release the instructor, training organization, and any associated staff or volunteers from any liability for personal injury, property damage, or any other consequences resulting from my participation in this firearms training course.
7. I agree to indemnify and hold harmless the instructor, training organization, and any associated staff or volunteers from any claims, demands, or actions arising out of my participation in the course.

Emergency Contact Information:

Name of Emergency Contact: _____

Relationship: _____

Phone Number: _____

Medical Information (if applicable):

Please specify any medical conditions, allergies, or medications that the instructor should be aware of:

I understand that it is my responsibility to inform the instructor of any medical conditions that may affect my participation in the course.

Participant's Signature: _____ Date: _____

Right Hand Thumb Impression:
