

## APPLICATION TO ATTEND HANDGUN SAFETY COURSE

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ INTENT TO USE PERSONAL FIREARM {YES} {NO}  
CIRCLE ONE

EMERGENCY CONTACT & NUMBER: \_\_\_\_\_

## ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ALL ACTIVITIES ASSOCIATED WITH THIS HANDGUN SAFETY CLASS, including but not limited to, any risks that may arise from negligence or carelessness on the part of the entities or persons involved, from dangerous or defective equipment or property owned, maintained, or controlled by them.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the sponsors, organizers and persons involved in the Handgun Safety Class in which I may participate, and that it will govern my actions and responsibilities at said class.

In consideration of my application and permitting me to participate in this class, I hereby take action for myself, my executors, administrators, heirs, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me, THE FOLLOWING ENTITIES OR PERSONS: The Appling County Sheriff's Office, the City of Baxley, and all other sponsors of this event, including employees, instructors and volunteers participating in this class

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this class, whether caused by negligence or otherwise.

I acknowledge that the Appling County Sheriff's Office, the City of Baxley, and these agencies' employees and volunteers are NOT responsible for the errors, omissions, acts, or failures to act of any party involved in this class acting on their behalf.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

If participant is under 18 years of age