



Waiver Form

Firearm Safety & Training Academy- FIREARM STUDENT CANDIDATE FORM

PLEASE READ THE FOLLOWING **CAREFULLY** AND FOLLOW ALL DIRECTIONS

I understand that I am a candidate to be a student in an NRA certified class. The use of firearms is an exciting and **safe** sport, provided that common sense rules are followed. The instructor has distilled the safety rules into three basic ones that I will **MEMORIZE** before being allowed to participate in live-fire range exercises. If the following rules are obeyed, all participants will have a **safe and enjoyable** experience. Inversely, if they are not followed, **injury or death** can result. I will read, understand, and commit to memory the three NRA Safety Rules. I will obey them at **ALL TIMES**. I understand that failure to obey any of these rules can result in my immediate expulsion from the class and the range.

I will repeat the rules underneath to show that I **understand**, and will **memorize** and **obey** them.

1. I will ALWAYS keep the gun pointed in a safe direction.
2. I will ALWAYS keep my finger off the trigger until ready to shoot.
3. I will ALWAYS keep the gun unloaded until ready to use.

While on the gun range, I will obey these rules. Also, I will immediately notify the offending party and the instructor and/or rangemaster if I observe any of these rules being broken by anyone at any time. If there is any confusion about the rules or anything else, I will immediately stop what I am doing, take my finger off the trigger, point my gun downrange, and raise my hand to ask the instructor's help.

I understand that the discharge of firearms releases lead, the buildup of which can cause health problems, so I **will WASH MY HANDS, FACE, and CLOTHES** as soon as possible and before eating or drinking. If I am **pregnant**, I will not participate in any live-fire range activities for the same reasons.

Student Candidate's Printed Name : _____

Student Candidate's Signature & Date: _____

If Undersigned is a minor (less than 18 years of age), This is to certify that, as parent/guardian of this participant, I do consent to his/her agreement to be bound by each of the conditions identified above.

Undersigned Parent/Guardian Printed Name: _____

Undersigned Parent/Guardian Signature & Date: _____

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