



# INLAND TRAINING

Firearms Training Specialists

231 East Alessandro Blvd. P.O. Box A491, Riverside, CA 92508

(951) 750-2793

[www.InlandArms.com](http://www.InlandArms.com)

## Liability Waiver Form

Processing may be delayed if this form is incomplete or illegible. Official records and certificates will use the name below.

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ DOB: \_\_\_\_\_ E-mail: \_\_\_\_\_

How did you first hear about us? \_\_\_\_\_

Place a check next to the course you are enrolled in: \_\_\_\_\_ Date of Class: \_\_\_\_\_

- Basic Handgun
- Redlands CCW
- Handgun Clinic

- Intermediate Handgun
- Orange County CCW
- Ontario CCW

- Defensive Handgun
- Multi-State CCW
- Other: \_\_\_\_\_

Do you have any physical limitations that may need accommodating? Yes  No

### Those enrolling in Firearms Classes:

Individuals convicted of domestic violence charges, felony charges, or health and safety charges, may not be in possession of functional firearms or be in a location where firearms are being displayed and handled. Inland Training Instructors may at any time refuse service to individuals who have been determined by the instructor or Inland Training representatives to be in violation of above State or Federal Regulations or have questionable intentions.

Have you ever been convicted of an offense that prohibits you from handling a firearm? Yes  No

Inland Training classes and course or portions thereof may need to be rescheduled due to inclement weather, and we will make reasonable attempt to do so with the availability of the students and instructor schedules. If paying by check or money order please mail this enrollment form with your payment made payable to: Inland Training.

### RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

#### **This document affects your legal rights. Please read it before signing it.**

I, the below named person being eighteen or older in age, or the legal guardian of the person named below who is under 18, in consideration of the facilities, services, equipment and activities offered by Inland Training, its owners, partners, successors, assigns, employees, and agents

(Releasees) I hereby acknowledge, agree, promise and covenant on behalf of myself, my heirs, assigns, personal representatives and estate as follows:

**ACKNOWLEDGMENT OF RISKS:** I UNDERSTAND AND ACKNOWLEDGE that participation in the activities and use of the premises, facilities, equipment and services offered by Releasees bear certain known risks and unanticipated risks which could result in INJURY, DEATH, ILLNESS OR DISEASE, PHYSICAL OR MENTAL, OR DAMAGE to myself, to the minor identified below, or my property. I understand and acknowledge those risks may result in personal claims against Releasees, or claims against me by spectators or other third parties. These risks include but in no way are limited to the following: (1) The risks involved in use of the premises, facilities, equipment and services offered by Releasees; (2) the acts, omissions or negligence in any degree of Releasees; (3) latent or apparent defects or conditions in equipment, property or the facilities provided by Releasees or their agents or employees; (4) my own physical condition, or my own acts or omissions; (5) rescue, first aid, emergency treatment or services rendered or failed to be rendered by Releasees, or their agents or employees. I UNDERSTAND AND ACKNOWLEDGE that the above list is not complete or exhaustive, and that other risks, known or unknown, identified or unidentified, anticipated or unanticipated may also result in injury, death, illness, disease, or damage to myself, the minor identified below, or to my property.

**ACCEPTANCE OF RISK AND RESPONSIBILITY:** I VOLUNTARILY AGREE, COVENANT AND PROMISE TO ACCEPT AND ASSUME ALL RESPONSIBILITIES, AND RISK FOR INJURY, DEATH, ILLNESS OR DISEASE OR DAMAGE to myself, the minor identified below, or to my property arising from my use of the premises, facilities, equipment and services offered by Releasees.

**RELEASE.** I, FOR MYSELF AND THE MINOR IDENTIFIED BELOW, VOLUNTARILY RELEASE AND FOREVER DISCHARGE AND COVENANT NOT TO SUE Releasees and their agents or employees, and all other persons or entities affiliated therewith, from any and all liability, claims, demands, actions or rights or action, which are related to, arise out of, or are in any way connected with my use of the premises, facilities, equipment and services offered by Releasees, including, but specifically not limited to any and all negligence or fault of Releasees and their agents or employees, whether involved in an activity or not. I FURTHER AGREE, PROMISE AND COVENANT, ON BEHALF OF MYSELF AND THE MINOR IDENTIFIED BELOW, TO HOLD HARMLESS AND TO INDEMNIFY Releasees and their agents or employees, and all other persons or entities from all defense costs, including attorney's fees, or from any other costs incurred in connection

with claims for bodily injury, wrongful death or property damage brought by me or on my behalf.

I FURTHER ACKNOWLEDGE that I am in the best position to determine my physical ability or the physical ability of the minor identified below to participate in the activities contemplated in this agreement, and acknowledge that I am in good physical and mental health, and not suffering from any condition, disease or disablement which would or could potentially affect participation in the activity.

I hereby grant to Inland Training, LLC (IT) the absolute and irrevocable right and unrestricted permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of IT or its partners. I agree that IT has complete ownership of such material and can use said material for any purpose including, but not limited to, videos, publications, advertisements, news releases, Web sites, and any promotional or educational materials in any medium. I acknowledge that I will not receive any compensation for the use of such images, video, likeness, etc. I hereby release and discharge IT, and its agents, representatives and assignees from any and all claims and demands arising out of or in connection with the use of my name, likeness, image, voice and/or appearance, including any and all claims for invasion of privacy, right of publicity, misappropriation or misuse of image, and/or defamation.

My signature below indicates that I have read this entire document, understand it completely, and agree to be bound by its terms.

Printed name of Participant \_\_\_\_\_ Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature of Participant or Guardian if under 18 \_\_\_\_\_ Address(if different from above): \_\_\_\_\_ Street City State Zip