

ASIAN PEACE OFFICERS ASSOCIATION FIREARMS SAFETY COURSE  
AGREEMENT TO PARTICIPATE AND WAIVER/ASSUMPTION OF RISK

Name: \_\_\_\_\_  
(Print Name)

Training Activity: Friends & Family Firearms Safety Course  
(Description of training/activity)

This is a release of liability and assumption of risk agreement. Read it carefully and sign below. Completion of this form is necessary in order to participate in any Class or other activity. I understand my decision to take this class or activity is optional and voluntary. This document cannot be altered or modified by any verbal or written statements.

I am aware that participating in this class or activity can involve MANY RISKS OR INJURY including, but not limited to, property damage, bodily injury, personal injury, and death.

In consideration of the APOA permitting me to participate in the class/activity, I hereby voluntarily assume all risks associated with my participation and release the APOA, its representatives and volunteers, its governing board and individual members thereof, and all other APOA officers, agents, and employees from all liability for injuries (including death) and damages arising out of or in any way related to the activity and/or class.

I understand and agree to accept all the rules and requirements of the activity and/or class, including safety rules and instructions given by the supervisory personnel. I understand and agree and grant to the APOA the right to terminate my participation in the activity and/or class within the APOA's or APOA's representative's sole discretion. If applicable, I understand and agree that any costs associated with my return transportation shall be at my expense.

I consent to the APOA providing emergency medical assistance if it is determined necessary and further consent to the APOA notifying the emergency contact (listed below) and agree that this liability release and assumption of risk agreement applies to any of the APOA's actions in this regard.

This agreement shall inure to the benefit of and be binding upon my heirs, decedents, successors, executors, assignees, legal representatives, and all family members. The provisions of this agreement including, but not limited to, my waiver of liability and my assumption of risk survive this agreement.

The following person should be contacted in case of an emergency: (please print)

| Name | Address | Telephone Number |
|------|---------|------------------|
|------|---------|------------------|

I / WE, THE UNDERSIGNED, HAVE READ THIS AGREEMENT AND UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS AND THAT I / WE ARE VOLUNTARILY ASSUMING ALL RISKS AND WAIVING ANY AND ALL CLAIMS ARISING OUT OF OR IN ANY WAY RELATED TO THIS ACTIVITY AND/OR CLASS. I / WE AGREE THAT NO ORAL REPRESENTATIONS, PROMISES, OR INDUCEMENTS, NOT EXPRESSLY CONTAINED HEREIN HAVE BEEN MADE AND THAT THIS DOCUMENT CONSTITUTES THE ENTIRE AGREEMENT PERTAINING TO THE SUBJECT MATTER CONTAINED HEREIN.

|                            |           |      |
|----------------------------|-----------|------|
| Participant Name (printed) | signature | date |
|----------------------------|-----------|------|

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|------------------------|-----------|------|
| Witness Name (printed) | signature | date |
|------------------------|-----------|------|