



# RELEASE, HOLD HARMLESS and INDEMNIFICATION AGREEMENT

I, (print name) \_\_\_\_\_ wish to participate in firearm instruction and shooting activities offered by **CROSSPOINT FIREARM TRAINING ACADEMY** (hereinafter referred to as "CFTA"). I understand that my activities present a risk of serious bodily injury and or death. In consideration for my participation in these activities, I hereby:

- i. Release CFTA, it's owner, affiliates and/or respective employees, representatives and contractors (together the "Released Parties") from any liability, of any character, for loss, damage, injury, or death.
- ii. Agree to indemnify and hold harmless CFTA and the Released Parties and against any damages, losses or claims, of any nature, arising in any way out of my participation in such shooting activities,
- iii. Assume all risk associated with such activities and all responsibility for any medical expenses and other losses or injuries to me in which I may become involved, by any reason of my participation in such shooting activities with CFTA.

By checking the boxes below, I certify that I am legally/physically eligible to participate in firearm training activities. There are no legal prohibitions that would prohibit me from possessing or operating a firearm for any of the following reasons (A "Yes" answer below excludes your participation). *Minor Misdemeanor Charges/Convictions are required to be disclosed before the start of class/range activities. This does not mean exclusion, only disclosure, to ensure full legal compliance of all parties.*

Yes	No	Exclusion	Yes	No	Exclusion
<input type="checkbox"/>	<input type="checkbox"/>	Currently subject to any restraining or protective order.	<input type="checkbox"/>	<input type="checkbox"/>	Mental health in-placement treatment at any time within the preceding six (6) months.
<input type="checkbox"/>	<input type="checkbox"/>	Possess any felony convictions.	<input type="checkbox"/>	<input type="checkbox"/>	Currently under medical treatment or medication for suicidal thoughts or depression.
<input type="checkbox"/>	<input type="checkbox"/>	Currently on probation for any offense.	<input type="checkbox"/>	<input type="checkbox"/>	Currently under the influence of alcohol, chemical substances and/or controlled substances.
<input type="checkbox"/>	<input type="checkbox"/>	Any misdemeanor convictions. <i>*Minor misdemeanor convictions MUST first be discussed with owner prior to participation.</i>	<input type="checkbox"/>	<input type="checkbox"/>	Currently pregnant or nursing.

By virtue of my signature I understand that in the event I cause harm to myself or others, neither I nor my heirs, executors or administrators will have any ability to sue or otherwise recover money or assets from CFTA and Released Parties for damages, BUT, CFTA and Released Parties retain the ability to sue me or my estate for any and all damages I cause by my actions.

## PARTICIPANT INFORMATION

Print name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

EMERGENCY CONTACT
Print name _____
Relationship _____
Phone # _____