Blucoat Consulting & Training LLC Accident Waiver and Release of Liability Form

Check One:	MS Enhanced Carry Training Class	Women's Handgun 1
	Handgun 1 (Basic Handgun)	The Smokeless Range
	Handgun 2	Basic Rifle Marksmanship Course
	First Aid / CPR Course	CCQB/Home Defense Rifle Course
risk that may arise from equipment or property of equipment or property of advised not to participat preclude my participation. I am fully aware of the riand my property. I VOLU INCLUDING DEATH, that In consideration of my approperty of the property of the riand my property. I VOLU INCLUDING DEATH, that In consideration of my approperty of the property of the prop	F THE RISK OF PARTICIPATING IN THIS ACTIVITY OR EVENT, negligence or carelessness on the part of the persons or ewned, maintained, or controlled by them, or because of the persons of the my knowledge; I am in good physical condition and fully by a qualified medical professional. I certify that there a	including by way of example, and not limitation, any entities being released, from dangerous or defective their possible liability without fault. If able to participate in this course and have not been are no health-related reasons or problems which It is, including physical injury or even hazardous to me at LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, when when an an aresult of participation in this course. Thereby take action for myself, my executors, It is including the action for myself, my executors, It is including the action for myself, my executors, It is including the action for myself, my executors, It is one method to the ange, property theft, or actions of course. THE FOLLOWING ENTITIES OR PERSONS: In the referred to as, RELEASEES) It is one mentioned in this paragraph from any and all the by negligence of releases or otherwise. I limits and may carry with it the potential for death, used by terrain, facilities, temperature, weather, and the object of the participants, volunteers, are not only inherent to participants but are also present the event of injury, accident, and/or illness during the photographed. I agree to allow my photo, are arraining LLC, their officers, servants or agents. It release and waiver to the maximum extent the REPRESENT THAT I HAVE READ THE FORGOING INTARILY AS MY OWN FREE ACT AND DEED; NO ORAL IG WRITTEN AGREEMENTS HAVE BEEN MADE; AND I

_Date:_____

Print Name:_____