

Double Tap Defensive Shooting Club

Firearms Training Application

Class Information:

Class Applying For: _____

Class Date: _____ Class Time: _____

Class Location: _____

Class Fee: _____

Applicant Information:

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work or Cell: _____

E-Mail: _____

Emergency Contact: _____ Phone: _____

Have you ever participated in a training class with SRT Group? _____

If so please list: _____

If there is a pre requisite class required have you completed that class? _____

Are you a Double Tap Defensive Shooting Club member? _____

Complete Application & Waiver then Return with Payment to:

Lee Tebbutt (DTDSC)
4140 Rockenham Road
Saint George, KS 66535

In House Use Only:

Amount Paid: _____ Check #: _____ Cash: _____

Training Date: _____ Class: _____

Applicant #: _____ Accepted: _____

Contacted Applicant: _____ Date: _____

Waiver and Release Agreement

Please read carefully before signing. This is a Release of Liability and waiver of certain legal rights.

In consideration for my being permitted to participate in the activities of
Double Tap Defensive Shooting Club (DTDSC)
at the
Corndodger Station Firing Range

I agree to the following Waiver and Release.

I acknowledge that shooting has inherent risks, hazards and dangers that cannot be completely eliminated.

I UNDERSTAND THAT THESE INCLUDE BUT ARE NOT LIMITED TO:

1. The risk of handling firearms and being near others that have firearms in their possession.
2. The risk of personal injury and / or damage to personal property from shooting events.
3. The risk of personal injury from the physical requirements of shooting events.
4. The risk of possible ear damage from noise.
5. The risk of possible eye damage.

EYE AND EAR PROTECTION IS REQUIRED AT ALL DTDSC EVENTS.

I understand the risks, hazards, and dangers as described above and have had the opportunity to discuss any questions with an officer of DTDSC. I understand that these activities may require good physical condition and a degree of skill and knowledge. I believe that I have the physical conditioning and degree of skill and knowledge needed for me to engage in these activities safely. I understand that I have responsibilities. My participation in this activity is purely voluntary. I am voluntarily using the services of DTDSC and the Firing Range at Corndodger Station with full knowledge of the inherent risks, hazards and dangers involved and hereby assume and accept any and all risks of injury, paralysis or death.

Last, I, for myself, my heirs, successors and executors, and subrogates, hereby and knowingly and intentionally waive and release, indemnify and hold harmless DTDSC and Corndodger Station owners, staff personnel, officers, agents, employees and volunteers from and against claims, actions, cause of action, liabilities, suites and expenses (including reasonable attorney's fees) which are related to, arise out of, or are in any way connected with any participation in any activity including, but not limited to, negligence of any kind in nature, whether foreseen or unforeseen, arising directly or indirectly out of any damage, loss, injury, paralysis, or death to me or my property as services, animals or equipment, whether such damage, loss, injury, paralysis, or death is a result of negligence of DTDSC or Corndodger Station and course designs or from some other cause. I, for myself, my heirs, my successors, executors and subrogates, further agree not to sue Corndodger Station or DTDSC, any officers or directors, agents, employees or volunteers as a result of any injury, paralysis or death suffered in connections with my use and participation in any activity connected with DTDSC.

I have read and understand the Waiver and Release Agreement above and I understand that this Waiver and Release Agreement applies equally to any guests or minor children I have in my care at this event.

Participant Signature

Date