



BLACK WING

SHOOTING CENTER

Firearms Training Student Waiver

Name (please print) _____

Address _____ City _____

State _____ Zip _____ Date of Birth _____

Phone Number _____

E-mail _____

Indemnification, hold harmless, and assumption of risk agreement:

The patron hereby expressly assumes the risk of entering these premises and taking part in activities on these premises which include, but are not limited to, the discharge of firearms and the firing of live ammunition and any and all hazards associated with shooting including accidental or negligent discharges, ricochets and back splatter. Patron further agrees that any and all information presented herein does not in any way constitute legal advice and assumes sole responsibility for the interpretation and/or use of any such information.

I acknowledge that I am eligible to own a firearm under current local, state and federal (BATFE) regulations. I also acknowledge that I have read the range rules and agree to abide by them and will be responsible for any damage caused by my failure to follow such rules.

Signature _____ date _____

Parent/guardian (if needed for youth training)

Signature _____ date _____

As required by Ohio law, your instructors are NRA-certified. In order to maintain this certification we must provide the NRA with the names and contact information of students who attend our classes. May we provide this information to the NRA for this purpose?

Leaving this option blank will signify a "yes" answer.

Yes No

Thank you for choosing Black Wing Shooting Center to assist you with your training needs!