IRON SIGHT ACADEMY

STUDENT PARTICIPATION & MEDIA CONSENT

Student full name: _____

Class date: _____ Course: Pistol 1

01 | PARTICIPATION ACKNOWLEDGMENT

I voluntarily request to participate in Iron Sight Academy firearms instruction at an established range.

I understand that firearms training presents serious risks, including injury or death, even when safety procedures are followed. I agree to follow instructor commands, posted range rules, and all applicable laws.

I will use required protective equipment and notify the instructor if I feel unable to participate safely.

I understand that the instructor may stop my participation for unsafe behavior, suspected impairment from alcohol or drugs, or failure to follow instructions, subject to applicable law and academy policies.

I understand I may ask questions, request reasonable accessibility accommodations, or stop participating.

This form is an acknowledgment and consent to participate; it is not a liability release or waiver.

02 | OPTIONAL PHOTO / VIDEO PERMISSION

Please select ONE. Your choice will not affect eligibility for the class.

☐ YES — I authorize Iron Sight Academy to use photos/video of me for academy promotion.

☐ NO — I do not authorize promotional photos/video of me.

Permission may be withdrawn for future use by written notice; previously published material may not be fully retractable. No student personal contact details will be published.

03 | SIGNATURES

Student signature: _____ Date: _____

Instructor / witness: _____ Date: _____

For students under 18: separate parent/guardian authorization and range eligibility review required.

Note: Have Florida counsel review this form and any separate liability waiver before use.