IRON SIGHT ACADEMY LLC

STUDENT LIABILITY WAIVER, ASSUMPTION OF RISK & RANGE SAFETY AGREEMENT

Florida • Draft for attorney and insurance review

Participant full legal name: _____ Date of birth: _____

Phone: _____ Email: _____

Course / session: _____ Training date: _____

Emergency contact name: _____ Phone: _____

1. Nature of activities and risks

I wish to participate in firearms education, classroom instruction, range activities, live-fire exercises, and related activities offered or coordinated by Iron Sight Academy LLC ("Academy"). I understand that firearms training involves serious inherent risks, including accidental discharge, ricochet, projectile impact, hearing or eye injury, slips and falls, equipment malfunction, weather exposure, and serious injury or death. Other participants may handle or discharge firearms nearby. Even careful supervision and safety procedures cannot eliminate all risks.

2. Voluntary participation and assumption of inherent risks

I voluntarily choose to participate and knowingly accept the inherent risks of these activities, including risks arising from my own conduct, other participants, firearms, ammunition, equipment, range conditions, and ordinary environmental hazards, to the extent permitted by Florida law. I may stop participating and notify the instructor if I feel unsafe.

3. Safety rules and instructor authority

I agree to follow all Academy and host-range rules, posted instructions, and commands from instructors and range safety officers. I will treat every firearm as loaded; keep the muzzle pointed in a safe direction; keep my finger off the trigger until ready to fire; and identify my target and what is beyond it. I will use only approved, serviceable firearms and ammunition, wear required eye and hearing protection during live fire, and immediately report unsafe conditions, malfunctions, injuries, or concerns. I will not participate while impaired by alcohol, drugs, or any condition that prevents safe handling. The instructor may suspend or remove me from an activity for unsafe conduct.

4. Equipment, course standards, and attendance

Unless expressly stated otherwise for my course, I am responsible for bringing my own appropriate firearm, ammunition, magazines, equipment, and eye and hearing protection. Course-specific prerequisites, ammunition minimums, holster or sling requirements, and accuracy assessments will be communicated before class. A certificate is awarded only after successful completion of applicable course requirements; additional training or reassessment may be required. Attendance, punctuality, weather, cancellation, and refund terms are addressed in the Academy's separate registration policies, which should be provided to me before payment.

5. Medical response and emergency contact

I understand that medical assistance may be delayed at a range. If I am injured or incapacitated, I authorize Academy personnel to contact emergency services and provide reasonable first-aid assistance within their training.

I understand that I remain responsible for medical expenses, subject to applicable law. I will disclose to the instructor, privately and as relevant, any limitation that may affect my ability to participate safely; I am not required to disclose unrelated medical information on this form.

6. Release of ordinary-negligence claims — review carefully

TO THE FULLEST EXTENT PERMITTED BY FLORIDA LAW, I RELEASE IRON SIGHT ACADEMY LLC AND ITS OWNERS, INSTRUCTORS, EMPLOYEES, AND AGENTS FROM CLAIMS FOR PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE ARISING FROM MY PARTICIPATION, INCLUDING CLAIMS BASED ON THEIR ORDINARY NEGLIGENCE. THIS RELEASE DOES NOT PURPORT TO WAIVE CLAIMS THAT CANNOT LAWFULLY BE RELEASED, INCLUDING GROSS NEGLIGENCE, RECKLESS OR INTENTIONAL MISCONDUCT, OR OTHER NONWAIVABLE RIGHTS. THIS RELEASE DOES NOT AUTOMATICALLY COVER AN INDEPENDENT HOST RANGE OR THIRD PARTY.

7. Acknowledgment and opportunity to ask questions

I have read this agreement, understand its significance, and have had an opportunity to ask questions before signing. I understand I am giving up certain legal rights, subject to the limitations stated above. I am signing voluntarily and have not relied on a promise that training is risk-free. If any provision is held unenforceable, the remaining provisions should continue to apply to the extent permitted by law.

Participant signature: _____ Date: _____

Printed name: _____

Instructor / witness: _____ Date: _____

MINORS: Do not use this adult form for a participant under 18. Obtain a separate Florida-attorney-reviewed parent/guardian agreement and verify applicable laws and range policies.

DRAFT — Have a Florida attorney review the release wording, course policies, any host-range agreement, and insurance requirements before student use.