

Defensive Action Center, LLC

Liability Release

NAME: _____ AGE: _____

ADDRESS: _____

PHONE: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____

PHONE: _____

RELATION: _____

I agree that I will assume full responsibility for any and all injuries, losses, or damages which occur to me, and/or my family, and my guests, while on the premises of Defensive Action Center, LLC, and to the maximum extent allowed by law I agree to release, indemnify, and hold harmless Defensive Action Center, LLC or any employee from any liability whatsoever for injuries, losses or damages. I agree that I will indemnify and hold harmless, to the maximum extent allowed by law, from costs (including legal fees), injuries, damages, losses, or liability to third parties for claims or other shooters, while on the Defensive Action Center premises.

Signature _____ Date _____

Employee Initial _____

If I am signing for a minor: By signing in the space provided below, I also agree to RELEASE, HOLD HARMLESS AND INDEMNIFY the Defensive Action Center, LLC, the manufacturers and distributors of firearms, ammunition and accessories and their owner, agents and employees for any claims of the minor. I agree to be responsible for any medical expenses incurred by the minor using these facilities.

MINOR NAME(S) _____

GUARDIAN SIGNATURE _____ Date _____

Employee Initial _____