

Shooter School Weapons Training Site  
Applications Form

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Course Requested: \_\_\_\_\_ Course Date \_\_\_\_\_

Tutorial Dates Requested: \_\_\_\_\_

Name: \_\_\_\_\_  
(As you would like it to appear on your certificate)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (work) \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation \_\_\_\_\_

Prior Firearms Training:

\_\_\_\_\_  
\_\_\_\_\_

Make, model and caliber of firearm(s) to be used in class: \_\_\_\_\_  
\_\_\_\_\_

Please check one and provide the information requested along with a current copy of your drivers license, Law Enforcement, Military, Corporate I.D. or verifiable credentials, on the day you attend the course.

I am in a current, active, full-time service with a public law enforcement agency, United States Armed Forces, government or corporate security agencies.

Copy of a current concealed carry permit or federal firearms

Illinois Firearms Identification Card (**Illinois residents need a valid FOID to attend any training at Shooter School Weapons Training Site Inc.**)

Out-of-State (**by checking out-of-state you make the representation that you have no felony convictions**)

Shooter School Weapons Training Site Incorporated, *reserves the right to cancel any course with a full deposit refund for the class only.* By signing below, you are authorizing Shooter School Weapons Training Site Incorporated to conduct a full-background search upon you for purposes of determining fitness for weapons training, further you agree to abide by all range rules and regulations set forth by Shooter School Weapons Training Site Incorporated. Shooter School Weapons Training Site Incorporated retains the right, at any point in time, to disallow you from participating in its weapons training courses.

\*Please Sign: \_\_\_\_\_ Date \_\_\_\_\_

**WAIVER OF LIABILITY  
FOR WEAPONS TRAINING  
WITH  
SHOOTER SCHOOL WEAPONS TRAINING SITE INCORPORATED**

**(I) INHERENTLY DANGEROUS ACTIVITY WARNING**

I am about to observe/participate in activities to be conducted under the direction of the SHOOTER SCHOOL WEAPONS TRAINING SITE INCORPORATED, a Illinois corporation, hereinafter the "Organization", using various ranges and training areas at the Lake Fork Sportsman Club, Atwood, Illinois.

The event(s), which I am about to observe/participate in will be held on the Organization's fire ranges and training areas at Lake Fork Sportsman Club in Atwood, Illinois. I understand the following **four** cautions with regard to the above-mentioned live-fire ranges and training areas:

**(I) First**, all such live-fire ranges and training areas are used by the Organization for training personnel in the deadly art of individual and unit combat;

**(II) Second**, these live-fire range and training areas contain manmade and/or natural obstacles, some of which may be hidden, which could cause me, other participants, and/or instructors to stumble, fall and otherwise suffer serious bodily injury or death;

**(III) Third**, live-fire and training area conditions are often aggravated by the weather such that extreme heat, humidity, cold, wind, or wet will increase the likelihood of physical danger and exposure to serious bodily injury, sickness, accident or death.

**(IV) Fourth**, the activities may involve use of live ammunition and weapons by both instructors and participants, including me, who have varying levels of proficiency in the use of weapons and tactics.

**I further understand:**

A) **THAT THIS ACTIVITY MAY CAUSE INJURIES ASSOCIATED WITH PHYSICAL FITNESS TRAINING, INCLUDING BUT NOT LIMITED TO, MUSCLE SPRAINS AND STRAINS, TENDON PULLS, DISLOCATION OF JOINTS, BROKEN BONES; INJURIES ACCOMPANYING PHYSICAL CONTACT WITH OTHER PARTICIPANTS, AND THE INHERENT DANGERS ASSOCIATED WITH ENVIRONMENTAL CONDITIONS.**

B) **THAT OBSERVATION OF AND/OR PARTICIPATION IN THIS ACTIVITY ARE INHERENTLY DANGEROUS AND COULD RESULT IN PROPERTY DAMAGE AS WELL AS SERIOUS BODILY INJURY OR DEATH TO ME AND TO OTHERS.**

Initials \_\_\_\_\_

Date \_\_\_\_\_

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**(II) CONSENT TO OBSERVE/PARTICIPATE AND ASSUMPTION OF RISKS**

As an observer/participant in the activities conducted under the direction of the Organization, **I agree to obey all directions and instructions** issued by the instructors and representatives of the Organization for the protection of the instructors, the other participants, any observers and myself. I understand that failure to adhere to such directions may result in my immediate and complete removal from the Organization's training activities.

I understand that observation of /participation in the Organization's directed activity is voluntary and that by undertaking this activity, **I AM ASSUMING ALL OF THE RISK ATTENDANT WITH OBSERVATION OF/PARTICIPATION IN AN INHERENTLY DANGEROUS ACTIVITY THAT COULD RESULT IN THE DESTRUCTION OF MY PERSONAL PROPERTY, AS WELL AS SERIOUS PERSONAL INJURY OR DEATH TO ME, INSTRUCTORS, OTHER OBSERVERS OF/PARTICIPANTS IN THE ACTIVITY.**

**Initials** \_\_\_\_\_

**Date** \_\_\_\_\_

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**(III) WAIVER OF LIABILITY**

I am in good physical condition and mental health as of the date set forth below. I have no reason to believe that I am not in good physical and mental health. I am fully aware of and do acknowledge and assume all risk of injury inherent in my participation in this training activity.

I have read and fully understood the terms and conditions contained in section (I) Inherently Dangerous Activity Warning, (II) Consent to Observe/Participate and Assumption of Risks, and in this (III) Waiver of Liability.

**I HERBY WAIVE AND RELEASE FROM LIABILITY THE LAKE FORK SPORTSMAN CLUB, A ILLINOIS NOT-FOR-PROFIT CORPORATION, ORGANIZATION, ORGANIZATION'S EMPLOYEES AND INSTRUCTORS FROM ANY AND ALL CLAIMS FOR ANY PHYSICAL, PSYCHOLOGICAL, EMOTIONAL, MORAL AND/OR MENTAL INJURY SUSTAINED BY ME AS A RESULT OF MY PARTICIPATION IN ORGANIZATION'S TRAINING ACTIVITIES.**

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**Printed Name of Observer/Participant**

**Phone Number**

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**Signature of Observer/Participant**

**Date**