

# TENNESSEE DEPARTMENT OF SAFETY CERTIFIED HANDGUN SAFETY PROGRAM

## WAIVER FORM

This form must be completed, signed and given to your instructor prior to beginning your firing range portion of instruction.

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_/\_\_\_\_-\_\_\_\_ SOCIAL SECURITY # \_\_\_\_-\_\_\_\_-\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ DRIVER LICENSE # \_\_\_\_\_ STATE \_\_\_\_

### RELEASE, WAIVER AND INDEMNIFICATION

The undersigned participant does hereby execute this release, waiver and indemnification for him/her self and his/her heirs, successors, representatives and assigns; and hereby agrees and represents as follows:

To release the \_\_\_\_\_  
(NAME OF HANDGUN TRAINING SCHOOL)

its members, employees, agents, representatives and those governmental agencies and those organizations affiliated with this training course from any and all liability, loss, damage, costs, claims and/or causes of action, including but not limited to all bodily injuries and property damage arising out of participation in the handgun training course referred to above, it being specifically understood that said course includes the operation and use by the undersigned participant and others of handguns. The undersigned further agrees to indemnify the

\_\_\_\_\_  
(NAME OF HANDGUN TRAINING SCHOOL)  
its employees, members agents, representatives and those governmental agencies and other organizations affiliated with this training, and hold them harmless for any liability, loss, damage, cost, claim, judgment or settlement which may be brought or entered against them as the result of the undersigned's participation in said training course. This indemnification shall include attorney's fees incurred in defending against any claim or judgment and incurred in negotiating any settlement. It is understood and agreed that the undersigned shall have the opportunity to consent to any such settlement provided, however, that such settlement shall not be unreasonably withheld.

\_\_\_\_\_  
(SIGNATURE OF PARTICIPANT)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(WITNESS)

\_\_\_\_\_  
(DATE)