

Armor Firearms and Training
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Tallahassee, FL 32303
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YOUTH PROGRAM WAIVER OF LIABILITY

The following WAIVER must be completed BEFORE participating in the AFT program:

JUVENILE'S INFORMATION	PARENT'S/LEGAL GUARDIAN'S INFORMATION
_____ Name of Juvenile	_____ Name of Parent or Legal Guardian of Juvenile
_____ Street Address of Juvenile	_____ Street Address of Parent or Legal Guardian
_____ City	_____ City
_____ State	_____ State
_____ Zip	_____ Zip
_____ Birthdate of Juvenile	_____ Home Phone #
	_____ Cell Phone #

**AGREEMENT, RELEASE, INDEMNIFICATION,
COVENANT NOT TO SUE, AND WAIVER OF LIABILITY**
(PLEASE READ CAREFULLY BEFORE SIGNING)

Armor Firearms and Training, LLC ("AFT") offers or may offer (1) firearms instruction and safety training activities, classes, lessons, competitions, and demonstrations (each an "Activity" and, collectively, the "Activities"); (2) use or rental of firearms; and (3) use of property, premises, or facilities upon which an Activity is administered (the "Premises"), to juveniles and adults. Items (1) through (3) above collectively referred to herein as the "Program." In consideration of the acceptance of the participation of the juvenile identified above (the "Juvenile") in the Program, directly or as a spectator or observer, I agree, understand, represent, and certify as follows:

___ I certify that I am eighteen (18) years of age or older and that I am entering into this Agreement as the parent or legal guardian of the Juvenile and that the Juvenile is under the age of eighteen (18).

___ I agree to abide by all Program rules (the "Rules") and will cause the Juvenile to do likewise.

___ I represent that I understand all such Rules and was given the opportunity to ask for clarification of any such Rule before signing this Agreement.

___ I understand that AFT reserves the right to require me and/or the Juvenile to leave any property or premises upon which the Program is administered (the "Premises") if (i) either or both of us violate any of the Rules or otherwise acts in any unsafe manner as determined by AFT; and (ii) I am not the individual providing the Premises.

___ I agree to peaceably leave the Premises if so required.

___ I understand that any possession of a firearm by a person convicted of a felony or convicted of a misdemeanor crime of domestic violence is a serious crime prohibited by Federal law and/or Florida law, and that AFT will cooperate fully with any and all Federal and State authorities with the investigation and prosecution of such crimes.

___ I agree to assume the risks incidental to the Juvenile's participation in the Program.

___ I, on my own behalf, on behalf of the Juvenile, and on behalf of the Juvenile's heirs, executors and administrators, release, indemnify, hold harmless, covenant not to sue and forever discharge, the Released Parties (defined below), of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with the Juvenile's participation in any Activity. The "Released Parties" are Armor Firearms and Training, LLC; its members, shareholders, officers, directors, employees, volunteer workers, independent contractors, agents, representatives, attorneys, insurers, successors and assigns; and its parent, related, affiliated and subsidiary companies.

___ I expressly understand that the Release, Indemnification, Covenant Not to Sue, and Waiver of Liability provisions of this Agreement clearly and unequivocally include and apply to any claims based on the negligent (whether active or passive), ownership of any dangerous instrumentality, ownership of any Premises, action or inaction of or by any of the above Released Parties, including, but not limited to, claims for bodily injury, death and property damage or loss suffered by the Juvenile as a result of such participation in the Program.

___ I agree to indemnify and hold the Released Parties harmless from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with the Juvenile's participation in any Activity which results in the personal injury or death of anyone whatsoever, or loss or damage to the property of anyone whatsoever (including the loss of use thereof).

___ I hereby grant the Released Parties a limited power of attorney and authorization to obtain, at my cost, any and all emergency medical treatment that may be needed by the Juvenile as a result of participation in the Program. For the purposes of this Agreement, emergency medical treatment means medical care or treatment necessitated by a sudden, unexpected situation or occurrence resulting in a serious medical condition demanding immediate medical attention. However, I release, indemnify, hold harmless, covenant not to sue, and forever discharge the Released Parties of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with the exercise or the failure to exercise such limited power of attorney and authorization, whether negligent or otherwise.

___ I agree that this Agreement is intended to be as broad and inclusive as permitted by law, and that if any provision of this Agreement is held illegal, invalid or otherwise unenforceable, the enforceability of the remaining provisions shall not be impaired thereby, and such invalid part, term or provision shall not be deemed part of this Agreement.

___ I agree that any ambiguities in this Agreement shall not be construed in favor or against any party by virtue of that party having drafted the Agreement.

___ I agree that no remedy conferred by any of the specific provisions of this Agreement is intended to be exclusive of any other remedy, and each and every remedy shall be cumulative and shall be in addition to every other remedy now or hereafter existing at law or in equity or by statute or otherwise. The election of any one or more remedy hereunder shall not constitute any waiver of the right to pursue other available remedies.

___ I certify that I have completely read the foregoing and I expressly agree to all of the provisions of this Agreement.

This Agreement shall be governed by the laws of the State of Florida, and any legal action arising out of the Juvenile's participation in the Program, or any litigation relating to the enforcement of this Agreement shall be commenced exclusively in either the Circuit Court of the Second Judicial Circuit in and for Leon County, Florida, or the County Court in and for Leon County, Florida, as appropriate.

_____ Printed Name of Juvenile	_____ Printed Name of Parent or Legal Guardian
_____ Signature of Juvenile	_____ Signature of Parent or Legal Guardian
Date: _____	Date: _____

CONSENT FOR POSSESSION OF A FIREARM BY A JUVENILE

The following CONSENT FOR POSSESSION OF A FIREARM BY A JUVENILE must be completed before a juvenile may participate in an Activity.

To whom it may concern:

I _____ am the parent or legal guardian of: _____ (the "Juvenile"), a juvenile whose date of birth is _____, 20____. I certify that I am not prohibited by Federal, State or Local law from possessing a firearm or ammunition. I do hereby give my consent and permission for the Juvenile to temporarily possess a firearm and ammunition while participating in lawful firearms instruction and safety training activities, classes, lessons, competitions, and demonstrations or other lawful recreational shooting activity provided by Armor Firearms and Training, LLC ("AFT") (each an "Activity" and, collectively, the "Activities").

I understand the inherent dangers in competition and possession and use of firearms by the Juvenile and others, and do voluntarily assume all such risks in related to the Activities, and indemnify AFT and any of its employees or agents representing or related to AFT, on behalf of myself as parent or legal guardian, the Juvenile, and on behalf of the Juvenile's heirs, executors and administrators from all liability in consideration for their permitting participation in an Activity.

(Printed Name of Parent or Legal Guardian)

Home Phone #

Cell Phone #

(Signature of Parent or Legal Guardian)

Date: _____

(Street Address of Parent or Legal Guardian)

City

State

Zip