C22 TRAINING SOLUTIONS, LLC
FIREARMS TRAINING LIABILITY WAIVER
& SAFETY AGREEMENT

FULL NAME: _____
ADDRESS: _____
DATE OF BIRTH: _____
PHONE NUMBER: _____
EMAIL ADDRESS: _____

CITIZENSHIP AND LEGAL STATUS CERTIFICATION: I certify that I am a legal U.S. Citizen or a Lawful Permanent Resident (Green Card holder). I understand that providing firearms training to unauthorized foreign nationals is prohibited by federal ITAR regulations.

Initials: _____

MEDICAL FITNESS: I certify that I am physically and mentally capable of safely participating in firearms training. I am not under the influence of alcohol, marijuana, illegal drugs, or any impairing medications. I am not legally prohibited from possessing a firearm under Florida Statute Chapter 790.

Initials: _____

LEAD EXPOSURE & HEALTH WARNING:

Hazard Notice:

- Discharging firearms results in exposure to lead dust and fumes.

Special Populations:

- Lead exposure is hazardous to pregnant women (risk of fetal harm) and children under six. Individuals with respiratory or heart conditions should consult a physician.

Mitigation:

- I agree to wash my hands/face immediately after shooting and will not eat, drink, or use tobacco/vaping products in the range area.

I understand the risk associated with the exposure to lead and I agree to the above-mentioned precautions to help minimize any risks.

Initials: _____

ATTENDANCE, CONDUCT, & REFUND POLICY: I understand that strict adherence to the following rules is mandatory:

48-Hour Cancellation:

- Notice must be provided at least 48 hours prior to the session to be eligible for a refund or reschedule.

Strict Tardiness:

- Students arriving more than 30 minutes late for the classroom portion, or those who miss the mandatory Range Safety Briefing, will be barred from training without a refund.

Disruptive Conduct:

- Any student exhibiting disrespectful or unsafe behavior will be immediately removed and will forfeit all class fees.

Failure to comply with the abovementioned rules may result in immediate removal from the course without refund.

Initials: _____

RANGE SAFETY RULES AND COMPLIANCE: I understand that strict adherence to range safety rules is mandatory. I agree to always follow all instructions from the instructor and range safety officers.

Fundamental Firearm Safety Rules:

- Treat all firearms as if they are loaded at all times.
- Never point a firearm at anything you are not willing to destroy.
- Keep your finger off the trigger until ready to shoot.
- Be sure of your target and what is beyond it.

Range Conduct Requirements:

- Obey all commands immediately (e.g., “Cease Fire,” “Cold Range”).
- Keep firearms pointed in a safe direction at all times,
- Use only approved ammunition.
- Wear required eye and ear protection at all times on the firing line.
- Do not handle firearms during a ceasefire unless instructed.
- Report any unsafe behavior or malfunction immediately.

I understand that any violation of safety rules may result in immediate removal from the course without refund.

Initials: _____

LIVE-FIRE TRAINING ACKNOWLEDGMENT: I understand that live-fire exercises involve discharging firearms and carry additional risks beyond classroom instruction. I voluntarily agree to participate and accept all associated risks.

Initials: _____

ACKNOWLEDGMENT OF RISKS: I understand that participation in firearms training involves inherent risks, including but not limited to serious bodily injury, permanent disability, death, and property damage. These risks may arise from my own actions, the actions of others, equipment malfunction, or the condition of the training environment. I voluntarily choose to participate with full knowledge of these risks.

Initials: _____

ASSUMPTION OF RISK: I expressly assume all risks, known and unknown, associated with firearms training, including negligent acts by myself or others.

Initials: _____

EQUIPMENT RESPONSIBILITY: I accept full responsibility for any firearms, ammunition, or equipment I bring or use. I certify that my equipment is in safe working condition. I understand that improper use may result in injury or damage.

Initials: _____

EMERGENCY MEDICAL TREATMENT: I authorize the instructor to obtain emergency medical treatment for me if necessary and agree to be responsible for any associated costs.

Initials: _____

PHOTO/VIDEO RELEASE:

☐ I consent to the use of photos/videos taken during training for social media and promotional purposes.
☐ I do NOT consent.

Initials: _____

RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION: To the fullest extent permitted under Florida law, I hereby release, waive, discharge, and covenant not to sue Sanfa Johnson (the instructor), C22 Training Solutions, LLC (the training company), property owner, employees, agents, or affiliates (collectively, "Released Parties") from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by me during or in connection with participation in firearms training. Additionally, in the event of legal action, I agree to indemnify and hold harmless the Released Parties from any loss, liability, damage, or costs (including attorney's fees) that may arise due to my participation, whether caused by negligence or otherwise.

Initials: _____

FLORIDA LAW SHALL GOVERN: This agreement shall be governed by and interpreted in accordance with the laws of the State of Florida.

Initials: _____

SEVERABILITY CLAUSE: If any portion of this agreement is held invalid, the remaining provisions shall continue in full force and effect.

Initials: _____

PARTICIPANT ACKNOWLEDGMENT: I have read this waiver carefully and understand its terms. I understand that I am giving up substantial rights, including my right to sue, and I sign it freely and voluntarily.

Participant Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____