WAIVER OF CLAIMS AND ACCEPTANCE OF RISKS
CONCEALED WEAPON PERMIT TRAINING

I, the undersigned, wish to be trained by the Lake County Sheriff's Office in firearm safety and the permissible use of firearms.

In making this request for training, I understand and agree to the following:

1. The use of a firearm even solely for training purposes is a dangerous activity and one which presents a risk of serious bodily harm to myself and others.
2.
3. In undertaking this firearms training course offered by the Lake County Sheriff's Office, I am solely and completely responsible for any physical injury or damage, death, or property damage arising out of or which is a consequence of my participation and/or manner of participation and I hereby voluntarily assume the risks of all such injury and damage and hold the Sheriff, his designee/designee's and the County of Lake completely harmless therefrom.

I hereby declare under the penalty of perjury under the laws of the State of California that I have read, understood and agree to the foregoing terms and conditions. Executed at Lakeport, California.

Date: _____ **Print Name:**_____

WAIVER OF CLAIMS

The undersigned agrees to indemnify and hold harmless the Sheriff of Lake County, the County of Lake and the Lake County Flood Control and Water Conservation District and each of their agents, officers and employees from any and all claims, demands, actions, liability or loss which may arise from or be incurred as the result of injury or damages to persons or property, including the person and property of the undersigned, arising out of the undersigned's use of the firearm shooting range located at Highland Springs in Lake County, California.

_____

(Signature)

_____

Residence Address Mailing Address City/State/Zip

CONCEALED WEAPONS QUALIFICATION TEST

FIREARMS:

	Make	Serial No.	Caliber	Model	Pass / Fail
1.					
2.					
3.					

_____

(Range-master) (Date)