

**INSTRUCTOR COURSE APPLICATION**

Name: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_  
(Last, First, Middle)

Date of Birth: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: Home \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail address(es): \_\_\_\_\_

Are you a member of the NRA? Number? \_\_\_\_\_

Do you have a Concealed Weapons Permit? If so, please give the number  
\_\_\_\_\_

Have you ever been convicted of a crime, excluding minor traffic offenses? Yes \_\_\_  
No \_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_

Have you ever been convicted of a domestic violence offence? YES \_\_\_ No \_\_\_

Have you ever been the subject of a domestic violence restraining order? Yes \_\_\_  
No \_\_\_

Has your right to possess a firearm ever been terminated or suspended Yes \_\_\_  
No \_\_\_

Has a concealed weapons permit in your name ever been suspended or revoked?  
Yes \_\_\_ No \_\_\_ (If you answered yes to any of the above, please furnish full  
details on back)

*I certify that the information contained herein is true and accurate to the best of  
my knowledge and belief.*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**RELEASE, INDEMNIFICATION AND  
ASSUMPTION OF RISK AGREEMENT**

**READ THIS CAREFULLY BEFORE SIGNING**

\_\_\_\_\_, being \_\_\_\_\_ years of age, in consideration of the furnishing of facilities, equipment, targets and/or services, including but not limited to instruction in marksmanship by the CENTRALIA RIFLE CLUB, a Washington not- for-profit corporation, (hereinafter referred to as the "CLUB") and the CITY OF CENTRALIA, a municipal corporation, (hereinafter referred to as the "CITY"), agree on behalf of myself, my survivors, my heirs, or assignees to fully and forever release, discharge, indemnify and hold harmless the CLUB, and the CITY, their agents, servants and employees from any and all claims, damages, demands, rights of action or causes of action present or future, whether the same be known, anticipated or unanticipated, which result from or arising out of my use or intended use of the premises, facilities, equipment, services or functions or my participation in any activity on the premises of the CLUB, or the CITY, from my participation in marksmanship instruction or activities conducted by the CLUB, or for my participation in marksmanship instruction or other activities conducted by the CLUB. I further agree that this indemnification and hold harmless agreement shall apply even if my injuries were caused in whole or in parts by acts of negligence

by the agents, servants or employees of the CLUB, or the CITY, as lessor.

\_\_\_\_\_(initial here)

I further acknowledge that firearms are inherently dangerous, and that marksmanship activities poses hazards which can include injury from and loss of life. I agree that the CLUB and the CITY shall not be liable to me on account of any personal injury, death of property damage sustained by me in, or about, the CLUB, or as a result of any allegedly negligent acts or omissions to act on the part of CLUB, or the CITY, specifically including injuries caused in whole or in part by the alleged acts of negligence by the agents, servants or employees of CLUB or the CITY. (initial here)

I further agree to follow the safety rules, range rules and administrative rules of the club.

\_\_\_\_\_(initial here) I understand that serious or repeated violations can cause the suspension or termination of my participation in this event.

**I HAVE READ THIS ENTIRE AGREEMENT and placed my initials beside each paragraph.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Witness

