Southeastern Defensive Firearms Training

Liability release and Assumption of Risk Agreement Please read carefully and fill in all blanks before signing.

I,, h	nereby affirm that I am aware that
Firearms training and operations have inherent risks which	ch may result in serious injury or death.
I understand that operating firearms with explosive comp	onents involves certain inherent risks
which may require transport to a medical facility; explosi	ve detonations, misfiring, hang firing,

which may require transport to a medical facility; explosive detonations, misfiring, hang firing, and other malfunctioning of ammunition, the firearm or its components; ricocheting of projectiles, or impacted materials which may occur during training. I understand that the activities which are necessary for training and for certification, may be conducted at a site that is remote, either by time or distance or both, from such a medical facility. I still choose to proceed with such instructional activities in spite of the possible absence of a medical facility in proximity to the training site.

I understand and agree that neither my instructor(s), Tony Landenwich, Tracy Nolfe, Phillip Terry, Mark Mills, the facility at which I receive my instruction, nor any of their respective employees, officers, agents, contractors, or assigns, (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death, or other damages to me or my family, heirs, estate, or assigns that may occur as a result of my participation in this firearms class or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to participate in this course, I hereby personally assume all risks of this course, whether foreseen or unforeseen, that may befall me while I am a participant in this course, including but not limited to the academics, travel, or practical firing activities.

I further release, exempt, and hold harmless said course and Released Parties from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my enrollment and participation in this course including both claims arising during the course or after I receive my certification.

I also understand that shooting and participating in live fire exercises are physically strenuous activities and that I will be exerting myself during this firearms training course, and that if I am injured as a result of a heart attack, panic, hyperventilation, or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian.

I understand the terms herein are contractual and not a mere recital, and that I have signed this document of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree if any provision of this Agreement is found to unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

I hereby authorize Southeastern Defensive Firearms Training to publish the photographs taken of me during the class for use in SDFT's printed publications, social media sites and website.

I	BY THIS INSTRUMENT AGREE TO EXEMPT AND
REI	LEASE MY INSTRUCTORS TONY LANDENWICH, TRACY NOLFE, LT. TONY
NO	LFE, PHILLIP TERRY, MARK MILLS, THE FACILITY THROUGH WHICH I
REC	CEIVE MY INSTRUCTION, AND ALL RELATED ENTITIES AS DEFINED
ABO	OVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR
PER	RSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER
CAU	USED, INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENCE OF THE
REI	LEASED PARTIES, WHETHERPASSIVE OR ACTIVE. I HAVE FULLY INFORMED
MY	SELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF
RIS	K AGREEMENT BYREADING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF
ANI	D MY HEIRS.
Part	icipant's Signature

Date (Day/Month/Year)