ALPHA WARRIOR MINISTRIES, INC., TRAINING LIABILITY WAIVER AND ASSUMPTION OF RISK FORM

This form must be completed and presented to the instructor on day one of training BEFORE you will be eligible to participate in the class.

If you have been convicted of a felony (including first time offenders) at any time during the past five (5) years, you will not be permitted to register or participate in our courses.

If you have consumed any alcohol, illegal substances or legal medications within the past 24 hours that may impair your judgment or restrict you from operating machinery, you will not be permitted to register or participate in our courses.

By voluntarily signing this form, the undersigned	, (Print Name)
acknowledges that they have registered for participation in the following class offered by ALPHA	
WARRIOR MINISTRIES, Inc.,	·
In consideration of the services and training offered by ALPHA WARRIOR MINISTRIES. INC.,	
hereafter also referred to as (AWM), its agents, instructor(s), officers, cadre, representatives,	
directors, volunteers, participants, employees, staff and all other persons acting in any capacity on	
behalf of AWM (collectively "Instructors"), the undersigned on behalf of themselves, their	
executors, administrators, heirs, next of kin, assigned	ees, personal representatives, and estate does
hereby acknowledge each article as follows:	

- 1. I understand that AWM maintains the rights to have guest Instructors appear from time to time at its courses. AWM will make reasonable efforts to ensure that those guest Instructors are fully qualified, experienced, skilled, certified and insured to assist during instruction. I will be introduced to all Instructors. I will not ask anyone other than an Instructor to interact physically with any firearms, ammunition or firearm accessories unless specifically authorized by an Instructor.
- 2. I acknowledge the risks and dangers that exist in my use of any and all firearms and/or defensive tactics or techniques or instructional activities and assume any and all risks or dangers which could result in physical and/or emotional injury, paralysis, death, or damage to me, my property or third parties. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the class. Risks include, but are not limited to: injury from the discharge of a firearm, injury from the firing of live ammunition, hearing loss, eye injury or loss, inhalation or contact with airborne contaminants and or flying debris, and being struck anywhere on my person. I also acknowledge that I can be expected to receive bruises and slight injuries as a result of participating in these activities and that I may have to endure some periods of discomfort or pain. Furthermore, I understand that the Instructors have a difficult job to perform. While the Instructors will attempt to achieve the safest possible training environment I understand and accept that mistakes will happen, I may receive inadequate warnings or instructions, and the equipment used may malfunction.

- 3. I expressly agree and promise to accept all of the risks associated with this training. Participation in this activity is purely voluntary and I elect to participate in spite of all known or unknown risks. I agree to indemnify and hold harmless AWM, its agents, officers, owners, representatives, directors, volunteers, other participants, employees, and staff against any and all fault, liabilities, costs, expenses, claims, demands, or losses including attorney fees, by reason of the liability imposed by law upon AWM. I understand and agree that this Liability Waiver and Assumption of Risk shall specifically include reasonable attorney fees (including costs and expenses) to defend AWM in the event of any litigation, arbitration, mediation, or negotiation arising under this agreement. I voluntarily release and discharge AWM, its agents, officers, owners, representatives, directors, volunteers, participants, employees, and staff forever and agree to indemnify and hold them harmless from any and all claims, demands, or causes of action which are in any way connected with my participation in this class. Furthermore, I voluntarily release and discharge any indoor or outdoor shooting range, classroom or training facility associated with this class including its agents, officers, owners, representatives, directors, volunteers, participants, staff and employees and agree to indemnify and hold them harmless from any and all claims, demands, or causes of action which are in any way connected with my participation in this class.
- 4. I agree to be personally responsible for my own safety. I agree to immediately follow all instructions given by Instructors. If I do not understand an instruction or have any reservation about an instruction given, while maintaining safety for myself and others, I will immediately notify an Instructor of such. I may choose to NOT PARTICIPATE in any activity or portion of this class that I deem unsafe for me. In addition, I acknowledge that if, at any time, an Instructor observes me acting in an unsafe manner, engaging in disorderly conduct, or acting in an unsportsmanlike like manner, the Instructors may warn me regarding such behavior and if I fail to immediately correct my actions after being warned, the Instructors may, in their sole discretion terminate my further participation in the course. Upon termination, I understand that I will have to immediately return all materials/equipment given to me for the course, leave the course/facility and not be entitled to any refund of monies paid.
- 5. I agree that at any time, if I am not capable (whether physically or mentally) of completing the required demands and/or functions of the course, I will immediately advise the Instructors. I agree to perform the techniques taught at no greater speed or force level than I am comfortable and competent doing. I shall perform only those techniques taught by the Instructors and shall not improvise additional techniques on my own during the course of instruction. I agree and acknowledge that while the Instructors will take reasonable steps to accommodate every student, they have no specific obligation to accommodate me or change the course to facilitate my particular needs.
- 6. I will immediately notify an Instructor of any injury that I receive or that I observe with any other participant.
- 7. I agree to make every effort to make the training area safe. Should I become aware of any potentially unsafe aspect of the training area or observe any unsafe behavior of other participants, I will immediately notify the Instructors.
- 8. I agree that when arriving at or departing from the class facility, I must keep any firearm(s) unloaded. This applies to all firearms including concealed handguns while at the shooting range or at any facility where the class instruction is held.

- 9. I consent to having my photograph taken while participating at AWM training classes or events. These pictures may be displayed in any and all AWM publications, including but not limited to newsletters, the official website, brochures, advertisements, and any and all media including video released by AWM.
- 10. I acknowledge that the following areas are particularly susceptible to injury: temple, ears, eyes, bridge of nose, upper lip, throat, neck, solar plexus, groin, kidneys, tail bone, spine, all joints, instep, collarbone, and lower abdomen. I will avoid striking them altogether and I agree to exercise extreme caution when practicing with or near them in any way.
- 11. Should an instructor or any person present at this training event provide transportation in connection with this training, I acknowledge that such transportation is provided solely as a convenience to me and that it is not part of the training. I understand and agree that AWM, its instructors, agents, owners, employees and staff have no liability in connection with such transportation.
- 12. I specifically release the owner/operator, event sponsor, class instructors, support staff, administration, and other participants along with the agents, staff or employees of the shooting range or training facility, from any and all claims or liability related to these training events. I agree to indemnify and hold harmless the above-mentioned entities and individuals from any and all liability or expenses that they incur as a result of my conduct and participation in the AWM shooting event or classroom instruction.
- 13. I certify that I am not a fugitive from justice or under indictment for any offense of violence. I have not been convicted of any felony, misdemeanor or crime within the past five (5) years. I am not drug or alcohol dependent. I am not under the influence of any medication that would impair my ability to work with machinery. I am not under adjudication or care for mental incompetence. I have not been convicted of a felony. INITIALS REQUIRED
- 14. I understand and agree that there are no warranties, either express or implied, regarding the adequacy of the training received for any specific defensive or firearm situation. All equipment provided to me is received in an "as is" condition.
- 15. I expressly agree that this Liability Waiver and Assumption of Risk is intended to be as broad as is permitted by the laws of the State of Oklahoma. I further agree that if any provisions of this Agreement are held to be invalid, the balance of the agreement shall continue in full force and effect.
- 16. I certify that I am lawfully allowed to carry and discharge a firearm in the state, municipality, and location that the training or event is conducted. I expressly agree to comply with the laws of any municipality or law enforcement zone that I travel through to attend the training or event.

I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE AGREEMENT. I HAVE READ, ACKNOWLEDGED AND UNDERSTAND THIS LIABILITY WAIVER AND ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT BY SIGNING THIS AGREEMENT, I MAY BE GIVING UP SUBSTANTIAL LEGAL RIGHTS INCLUDING MY RIGHT TO SUE. I ACKNOWLEDGE THAT I AM SIGNING THIS AGREEMENT FREELY AND VOLUNTARILY AND INTEND THAT MY SIGNATURE BE A COMPLETE AND

UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

I ACKNOWLEDGE AND AGREE THAT I HAVE READ ALL OF THE FOREGOING PROVISIONS AND VOLUNTARILY SIGN THIS LIABILITY WAIVER AND ASSUMPTION OF RISK FORM. THIS AGREEMENT BINDS THE UNDERSIGNED AND HIS/HER EXECUTORS, ADMINISTRATORS, HEIRS, NEXT OF KIN, ASSIGNEES, PERSONAL REPRESENTATIVES AND ESTATE.

PRINT NAME

DATE

Initials___