

ALPHA DOG TACTICAL : REGISTRATION FORM

www.AlphaDogTactical.com | (650) 279-2707

Instructions:

- 1) Fill in **Registration Form** information below. If hand printing information, please print legibly.
- 2) Sign and date **Liability Release** form.
- 3) Mail completed forms, along with check payable to **Jeff Patane** to:
Jeff Patane, 171 Main St #153, Los Altos, CA 94022

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____

PHONE: (optional) _____

COURSE NAME: _____

COURSE DATE: _____

PREREQUISITE MET: YES NO

IF YES, HOW:

By checking the box and signing below, I certify I have no criminal convictions that prevent me from legally possessing, owning or purchasing firearms, have no official or unofficial history of mental illness or substance abuse, have never been affiliated with or belong to any gang or other illegal organization involved or engaged in any illegal activities and have not been dishonorably discharged from the US Armed Forces.

I certify the above is true.

PRINT NAME

SIGNATURE

DATE

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Release of Liability, Hold Harmless and Indemnification Agreement

In consideration of use for the utility range, located at 9580 Malech Dr, and known as Sports Field Range, I freely accept and voluntarily assume ALL RISK of personal injury or death or property damage. I specifically acknowledge the risks associated with firing weapons, which can include severe personal injury and even death, and hereby assume the risk of firing said weapons.

I hereby release, remise, discharge and covenant not to sue Instructor (Jeff Patane), the Sports Field Range, and in so far as applicable, the City of San Jose, and its agents, volunteers and employees from any and all liability for personal injury or death or property damage which results in any way from negligent actions and/or omissions of employees, volunteers and/or agents of Instructor, or the Sports Field Range, arising out of the conditions on or about the premises and the facilities used for any **firearms training class**, including but not limited to natural or man-made obstacles and its placement, visibility or condition or my participation in any activity during the **firearms training class** ACCEPTING MYSELF THE FULL RESPONSIBILITY FOR ANY AND ALL SUCH INJURY OR DEATH OR DAMAGE OF ANY KIND WHICH MAY RESULT. I ESPECIALLY AGREE TO ASSUME ALL RISK OF PERSONAL INJURY OR DEATH OR PROPERTY DAMAGE ASSOCIATED WITH PARTICIPATION IN THE EVENT.

If I am signing on behalf of a minor, I hereby certify that I have full authority to act as his/her legal guardian and in that capacity I understand that in case of injury or illness of a minor, I will be notified. If it is impossible to contact me and it is an emergency, I hereby give permission for an attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of the minor child. I hereby agree to fully indemnify and hold Instructor and the Sports Field Range, harmless from any and all damages or losses or actions of any kind brought by any person, including the minor, which arises out of the participation in and / or attendance at the activities of the any **firearms training class**.

Printed Name of Participant **Age** **Telephone Number**

Address: _____

Signature of Participant **Date**

Parent / Legal Guardian Signature **Date**

Emergency Contact Information (Name(s) and Telephone Number(s)):

