



LAKE PLACID POLICE DEPARTMENT
 8 North Oak Avenue, Lake Placid, Florida 33852
 Telephone 863-699-3759 Fax 863-699-3760 www.lppd.com



CONCEALED WEAPON PERMIT TRAINING REGISTRATION RELEASE FORM

Name: _____
 Street Address: _____
 City: _____ State: _____ ZIP: _____
 Email: _____
 Date: _____ Primary Instructor: _____
 LOCATION: _____

I, _____ the undersigned, having agreed to participate in the Lake Placid Police Department's Concealed Weapon Permit course, acknowledge that I have been fully informed as to the details of the course; that although it is not a physical self-defense course it involves physical activity limited in nature, all of which has been explained to me and which I understand. I further acknowledge that the training is rudimentary and does not provide the proficiency that would be more attainable from a firearms safety course, and is dependent on continued practice, the exercise of good judgment and a person's natural abilities.

In consideration of the services provided by the Lake Placid Police Department, the Town of Lake Placid, Florida, and their agents, officers, volunteers, participants, employees, sponsors and all other persons, entities, acting in any capacity on their behalf, I hereby agree to the release and discharge the above mentioned entities and persons on behalf of myself, my children, my parents, my heirs, assigns, personal representative, and estate as follows:

1. I acknowledge that the activities involved in this course entails known and unanticipated risks which could result in physical or emotional injury, paralysis, or damage to myself, to property or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things; being struck by bullet fragments from impact on backstops, or structure, which bullets strike. These are usually low speed fragments that may cause cuts or welts.

Furthermore, Lake Placid Police Department's employees, volunteers and officers have difficult jobs to perform. They seek safety, but are not infallible. They might be unaware of a participant's fitness or abilities. They may give inadequate warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks both known and unanticipated in nature.

Instructor Initials: _____



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3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the Lake Placid Police Department, the Town of Lake Placid, its officers, employees, volunteers, sponsors, and all other person(s) or entities acting in any capacity on their behalf from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or use of equipment or facilities used by the above mentioned persons and entities including any such claims which allege negligent actions or omissions of the above mentioned persons or entities.

4. Should any of the above listed persons or entities incur any attorney fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or, in the alternative, I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions, which could interfere with my safety in this activity or else I am willing to assume and pay the costs of all risks that may be created, directly or indirectly, by any such condition.

6. I understand that employees of the above mentioned persons or entities are not attorneys; and nothing discussed during training is meant to be construed as legal advice in any manner or jurisdiction. The undersigned hereby recognizes his/her obligation to understand all applicable laws and is hereby advised to consult a licensed attorney for any legal advice.

7. I further acknowledge that I am responsible for all firearm related activities to be legally compliant with Florida Law or any reciprocating government body where I may engage in firearms activity. I acknowledge that I am responsible for all firearms activities occurring hereafter this training, regarding any privileges or rights subsequently eventually endowed by permits pursuant to this training.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT IF ANYONE IS INJURED OR PROPERTY IS DAMAGED DURING MY PARTICIPATION IN THIS ACTIVITY, I MAY BE FOUND BY A COURT OF LAW TO HAVE WAIVED MY RIGHT TO MAINTAIN A LAWSUIT AGAINST THE LAKE PLACID POLICE DEPARTMENT, THE TOWN OF LAKE PLACID, ITS OFFICERS, EMPLOYEES, VOLUNTEERS, AND ALL OTHER PERSONS ENTITIES ACTING IN ANY CAPACITY ON THEIR BEHALF ON THE BASIS OF ANY CLAIM FROM WHICH I HAVE RELEASED THEM HEREIN.

Instructor Initials: _____



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I HAVE HAD A SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT. I HAVE READ AND UNDERSTOOD IT, AND I AGREE TO BE BOUND BY ITS TERMS. I STATE THAT I AM 21 YEARS OF AGE OR OLDER AND DO NOT HAVE A CRIMINAL RECORD OR MENTAL ILLNESS THAT WOULD PROHIBIT ME FROM HANDLING A FIREARM OR OBTAINING A CONCEALED CARRY LICENSE PURSUANT TO THE LAWS OF FLORIDA. TO MY KNOWLEDGE IT IS LEGAL FOR ME TO OWN AND POSSESS A FIREARM IN THE STATE OF FLORIDA.

I hereby present myself as being mentally and physically qualified to receive this training.

Student's Name

Signature

Date

Witness Name

Signature

Date

Instructor Initials: _____