



STAR Center

Simulation, Training, Assessment & Research

2 West Dixie Highway • Dania Beach, Florida 33004
TEL 954-921-7254 • 800-445-4522 • FAX 954-920-4268 • 800-431-8815
www.star-center.com • email@star-center.com



TRAINING RELEASE AND WAIVER

I, _____, as a student in the following STAR Center
PRINT NAME

Small Arms Training _____ ("Course") on _____, agree to
COURSE NAME COURSE START DATE
the following:

Acknowledgment of Inherently Dangerous Activity

By participating in this course, I acknowledge the inherent dangers and risks involved in firearms training. The following are descriptions of some potential dangers and risks involved in this training and are meant to be non-exhaustive. The inherent dangers and risks involved with using a firearm are considerable and you should consider your physical capabilities and be vigilant in assessing all dangers and risks associated as you encounter them when participating in this training.

This course involves exposure to loud noise, potential ricochets, possible exposure to hot metals, exposure to airborne lead particles, moving into and out of shooting positions (ie.g., kneeling, prone, and standing) while handling a firearm, self-inflicted wounds, wounds caused by others, accidental discharges, misdirected discharges, gunshot wounds, bruises, blistering, burns, and cuts. This training involves working in a hazardous environment and requires the use of protective hearing, eye protection, closed-in shoes, durable pants, and a long sleeve crew neck t-shirt or other similar full body coverings. This training also involves navigating a surface areas that may contain tripping hazards including brass casings, storage items, and protective gear items.

This training uses various firearms that you may be unfamiliar with. The firearms you will use in this training are not selected by STAR Center, but are required by the United States Navy's Military Sealift Command. I acknowledge that I have read information about the firearms used in this training (list available at https://www.star-center.com/course-notes/msc-small_arms-new.html) prior to signing this agreement and represent that I am familiar with each specific firearm that I will be using including how to engage the safety mechanism, carry, handle, holster, draw, disengage the safety mechanism, chamber a round, fire, and re-holster the firearm, as applicable, in this training.

I acknowledge that this training may result in bodily injury or death. I am responsible for minimizing the risk of injury by following any and all rules established and administered in both written form and orally announced by instructors(s). I must at all times: (1) immediately report any unsafe condition I may observe to my instructor(s); (2) be aware of my surroundings and inspect all firearms, protective gear, and equipment for patent and latent defects; (3) be alert and recognize and report to instructor(s) any indication of fatigue or disorientation or unsafe act



I or others may be experiencing that could pose a risk to myself or other's safety; and (4) voluntarily remove myself from this course at any time in order to avoid injury. I will comply with the four firearms safety rules:

- I will treat all firearms as if they are loaded, round chambered, and ready to fire.
- I will keep the muzzle of the firearm in a safe direction.
- I will keep my finger off the trigger until I am ready to fire.
- I will keep the safety mechanism engaged at all times until I am ready to fire.

I assume full responsibility for the dangers and risks inherent with firearms training, including the risk of property damage, bodily injury, and death.

Representation of Physical Condition & Certification

I have been fully advised of the physical conditions and requirements of this Course. I have disclosed in writing to STAR Center all health problems, injuries, physical and mental limitations, and/or disabilities which may hinder or prevent me from training. A copy of the Student Profile is affixed hereto as Exhibit A. I represent that I am physically competent to undertake this Course.

I certify and warrant that I am in good physical condition, fit for duty, and have a valid USCG United States Coast Guard Medical Certificate, and am able to participate in this Course.

Emergency Treatment Consent

In the event I become injured as a result of my participation in the Course, I give my consent to receive first aid, medical treatment, or medical transportation to treat my injury from, or initiated by, STAR Center and its agents, including both non-medical personnel and professional medical personnel.

Release, Hold Harmless & Indemnification

In consideration of being able to participate in this training, I agree to unconditionally release, waive, and discharge American Maritime Officers Safety & Education Plan (d/b/a STAR Center), its administrator the American Maritime Officers Master Operating Trust Fund, contributing employers, union, and successors, and for each of them, their agents, trustees, officers, directors, employees, contractors, participants, and members (all referred to as "Releasees") from any and all claims and causes of action, whether in law or in equity, that I, my personal representatives, assigns, heirs, or next of kin, may have for any loss, injury, or damages resulting from bodily injury, including death, or property damage arising from my participation in this training, whether or not caused by the negligence, in whole or in part, of Releasees, other participants receiving training, third parties, or otherwise. I further release Releasees from any claim whatsoever on account of receiving any first aid, medical treatment, or emergency transportation arising from my participation in the Course.

In addition, I further agree to indemnify Releasees from any loss, liability, damage or cost Releasees may incur due to my own negligence, in whole or in part, during my presence in or around the training area, for any purpose, while participating in the Course, whether or not such loss, liability, damage or cost was also caused in part by the negligence of Releasees, other participants receiving training, third parties, or otherwise.

I HAVE CAREFULLY READ THE FOREGOING TRAINING RELEASE AND WAIVER AND KNOW THE CONTENTS THEREOF AND HAVE SIGNED THIS RELEASE AND WAIVER AS MY OWN FREE ACT.



I expressly agree that this Training Release and Waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full force and effect. In Witness Whereof, I have executed this Release and Waiver.

(STUDENT'S LEGAL SIGNATURE)

(PRINT NAME)

(DATE)

(WITNESS' LEGAL SIGNATURE)

(PRINT NAME)

(DATE)



Exhibit A

STUDENT PROFILE

Student Name: _____

IN CASE OF EMERGENCY PLEASE CONTACT:

Name: _____ Relationship: _____ Phone: _____

Address: _____

NOTE: MANY OF THE EXERCISES IN OUR TRAINING PROGRAMS REQUIRE STUDENTS TO BE IN SOUND PHYSICAL CONDITION, FIT FOR DUTY AND HOLD A VALID UNITED STATES COAST GUARD MEDICAL CERTIFICATE. STUDENTS ARE REQUIRED TO WEAR THE PROTECTIVE CLOTHING AND EQUIPMENT PROVIDED.

PHYSICAL RECORD:

Do you have a current USCG Medical Certificate and are you Fit For Duty? **YES / NO**

DO YOU HAVE ANY CURRENT OR PREVIOUS DISABILITY/INJURY OR HEALTH CONCERNS WHICH MAY HINDER YOUR ABILITIES IN THIS TRAINING COURSE? _____

IF YES, PLEASE GIVE DETAILS: _____

DO YOU HAVE DIFFICULTIES WITH: HEARING? _____ VISION? _____ SPEECH? _____

ARE YOU TAKING ANY FORM OF MEDICATION? _____ (PLEASE EXPLAIN)

DO YOU HAVE ANY ALLERGIES? _____ (PLEASE EXPLAIN) _____

DO YOU READ ENGLISH? _____, DO YOU SPEAK ENGLISH? _____

IF YOUR ANSWER IS NO TO THE ABOVE, REPORT TO STUDENT SERVICES

I certify that the above information is true and correct.

Signature of Trainee

Date