

# 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 ISO 9001 Certificate No. 38806

### TRAINING RELEASE AND WAIVER

l,	,	, as a student in the following STAR Center			
PRINT NAME	_	·			
Small Arms Training		("Course") on	, agree to		
the following:	COURSE NAME	COURSE S	TART DATE		

#### 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

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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 Stated Coast Guard Medical Certificate, and am able to participate in this Course.

#### **Emergency Treatment Consent**

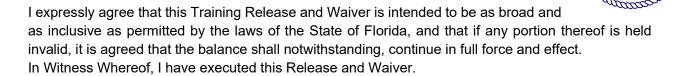
In the event I become injured as a result of my participation in the Course, I give my consent to receive first aid, medical treatment, or medical transportation to treat my injury from, or initiated by, STAR Center and its agents, including both non-medical personnel and professional medical personnel.

#### 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 Releases, 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.



(STUDENT'S LEGAL SIGNATURE)			
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(FRINT MANIE)			
(D)			
(DATE)			
(////			
(WITNESS' LEGAL SIGNATURE)			
(PRINT NAME)			
,			
(DATE)			



## Exhibit A

## STUDENT PROFILE

Student Name:						
IN CASE OF EMERGENCY PLEAS	E CONTACT:					
Name:	Relationship:	Pho	ne:			
Address:						
NOTE: MANY OF THE EXERCISES SOUND PHYSICAL CONDITION, F GUARD MEDICAL CERTIFICATE. CLOTHING AND EQUIPMENT PRO	IT FOR DUTY AND HO STUDENTS ARE REQU	LD A VALID UNITE	D STATES COAST			
PHYSICAL RECORD:						
Do you have a current USCG Medical Certificate and are you Fit For Duty? YES / NO						
DO YOU HAVE ANY CURRENT OF WHICH MAY HINDER YOUR ABILI						
IF YES, PLEASE GIVE DETAILS: _						
DO YOU HAVE DIFFICULTIES WIT	TH: HEARING?	VISION?	SPEECH?			
ARE YOU TAKING ANY FORM OF	MEDICATION?	(PLEASE I	EXPLAIN)			
DO YOU HAVE ANY ALLERGIES?	(PLE	ASE EXPLAIN)				
DO YOU READ ENGLISH?	, DO YOU SPEAK	CENGLISH?				
IF YOUR ANSWER IS NO TO THE	ABOVE, REPORT TO S	TUDENT SERVICE	S			
I certify that the above information is	s true and correct.					
Signature of Trainee		 Date				