



# STAR Center

## Simulation, Training, Assessment & Research

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## 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. This course involves exposure to loud noise; potential ricochets; possible exposure to hot metals, possible physical injury from getting in or out of any of the required shooting positions, eye injuries, self-inflicted wounds, gunshot wounds, bruises, and cuts; working in a hazardous environment requires the use of protective hearing, eye protection, closed toe shoes, pants and long sleeve crew neck t-shirt or similar; using various firearms, walking on uneven surfaces(brass/debris), hot metals; and other dangerous activities that is inherent to firearms use. I acknowledge that this training may result in injuries. Such injuries may range from minor to life threatening injuries, including 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 the 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 protective gear and equipment for defects; (3) be alert and recognize any indication of fatigue, disorientation, or unsafe act I or others may be experiencing that could pose a risk to my/others 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.
- 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.
- The firearm will remain on safe until I am ready to shoot.

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

### *Representation of Physical Condition & Certification*

I have been fully advised of the physical conditions and requirements of this Course. I have submitted in writing to STAR Center any and 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, have a valid USCG Medical Certificate or current physical and 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 Course, I agree to unconditionally release, waive, and discharge American Maritime Officers Safety & Education Plan (d/b/a STAR Center) its administrator, 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, damage, or injury resulting from bodily injury, including death, or property damage arising from my participation in this Course, 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: \_\_\_\_\_

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**NOTE: MANY OF THE EXERCISES IN OUR TRAINING PROGRAMS REQUIRE STUDENTS TO BE IN SOUND PHYSICAL CONDITION. STUDENTS ARE REQUIRED TO WEAR THE PROTECTIVE CLOTHING AND EQUIPMENT PROVIDED.**

#### PHYSICAL RECORD:

Date of current USCG Medical Certificate or current physical? \_\_\_\_\_

**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