

**Semper Fi Firearms & Indoor Ranges
440 E. Brannon Road
Nicholasville, Kentucky 40356
Telephone: 859-273-0311**

THIS FORM MUST BE READ AND SIGNED BY EACH PERSON WHO ENTERS THE RANGES BEFORE USE OF THE PREMISES AND FACILITIES.

*** READ CAREFULLY BEFORE SIGNING ***

The UNDERSIGNED has read and understands the posted safety rules, and knows that anticipated and unanticipated dangers associated with the use of firearms and equipment on ranges present a risk of DEATH, PERSONAL INJURY, AND/OR PROPERTY DAMAGE. In CONSIDERATION for being permitted entry to and/or use of the premises and facilities of SEMPER FI FIREARMS & INDOOR RANGES and on behalf of himself/herself, his/her family, estate, heirs and assigns, the UNDERSIGNED hereby assumes all risk of DEATH, PERSONAL INJURY and/or PROPERTY DAMAGE and forever releases, discharges, and agrees to hold harmless SEMPER FI FIREARMS & INDOOR RANGES, it's EMPLOYEES, INSTRUCTORS, AGENTS, REPRESENTATIVES, OFFICERS, and MEMBERS from all claims, demands, causes of action, or liability of any kind, including attorneys' fees, for DEATH, PERSONAL INJURY, and/or PROPERTY DAMAGE occurring during the UNDERSIGNED'S presence on or use of the premises and facilities of SEMPER FI FIREARMS & INDOOR RANGES.

The UNDERSIGNED agrees to be responsible for any and all damages (including but not limited to the costs of repairs) occurring during the use of, and/or otherwise on, the premises of SEMPER FI FIREARMS & INDOOR RANGES by the UNDERSIGNED and/or any of the UNDERSIGNED'S GUESTS.

The UNDERSIGNED does hereby acknowledge that they are aware and have been advised that: During the undersigned's use of the shooting range, there is the potential to come into contact with lead. The Undersigned does hereby agree to assume all potential risk to any exposure to lead as defined in paragraph 1 above. Shooters are advised to wash their hands before leaving the Range.

The UNDERSIGNED does hereby acknowledge that: I have made an independent evaluation of the risks associated with my use of the SHOOTING ranges and based thereon; I re-affirm my assumption of the risks set forth IN PARAGRAPH 1 above.

Any person who violates any of the POSTED RANGE RULES or any other COMMON-SENSE SAFE SHOOTING RULES will be asked to LEAVE. In addition, CRIMINAL and /or CIVIL CHARGES WILL BE BROUGHT FOR WILLFUL ACTS ENDANGERING LIFE OR PROPERTY. CLOSED CIRCUIT VIDEO SURVEILLANCE IS USED AT THIS FACILITY.

Underage Shooters (those ages 10 - 17/20)

Any shooters under 18 years of age must be accompanied by a parent or guardian, or parent's approved representative (specifically ages 10 - 17). Ages 18 - 20) must be accompanied by someone at least 21 years of age. For sign-in (below), the underage shooter's name must be printed with the signature of the responsible person sign (signature) beside underage shooter; the responsible person agrees that the underage shooters are under their supervision, and agree to take full responsibility for underage shooter while at Semper Fi Firearms & Indoor Ranges.

I have read, understand and fully agree to the above.

Note: This waiver is specific for the US Navy Sea Cadet Corps. and their training event scheduled for July 2024

Print Name & Sign (Signature), And Date:

Parent Name

Parent Signature

Date

Sea Cadets Name

U.S. NAVAL SEA CADET CORPS U.S. NAVY LEAGUE CADET CORPS		<h2 style="margin: 0;">MARKSMANSHIP TRAINING CONSENT FORM (CADET)</h2>			THIS FORM MAY COVER MULTIPLE DAYS OR EVENTS IN A CALENDAR YEAR IF HELD AT THE SAME LOCATION	
INSTRUCTIONS: USE OF THIS FORM IS REQUIRED FOR ALL MARKSMANSHIP TRAINING ACTIVITIES WHERE THERE WILL BE ANY LIVE FIRE CONDUCTED, LOCALLY OR NATIONALLY. THE CO/COTC SHALL KEEP A HARD COPY OF THIS COMPLETED FORM AND HAVE IT AVAILABLE FOR INSPECTION FOR EVERY CADET THAT IS TAKING PART OF ANY LIVE FIRE MARKSMANSHIP TRAINING ACTIVITY. NO CADET WILL BE ALLOWED TO DISCHARGE A FIREARM WITHOUT THIS FULLY EXECUTED FORM.						
From: CO / COTC		1a. Unit Name or Training Command			1b. Unit/Training Code	1c. Date (DD MMM YY)
To:	2a. Last Name		2b. First Name		2c. MI	2d. Rate
	2f. Exp. Date	2g. Date of Birth	2h. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	2i. Primary Contact Number		2j. Secondary Contact Number
	2o. Parent/Guardian Name(s)					
	2q. Emergency Contact Name (other than Parent/Guardian)			2r. Emergency Contact Primary Phone		2s. Emergency Contact Alternate Phone
Report to:	3a. Training Name/Description				3b. Training Location	
	3a. Purpose of Training (check all appropriate boxes)		USNSCC Marksmanship training and qualification	SASP training	SASP Competition	Advanced Training: See Marksmanship Training Plan
	3d. Training Start Date (DD/MMM/YY)		3e. Training End Date (DD/MMM/YY)		3f. Number of consecutive days or list of non-consecutive training dates	
	3h. CO/COTC (Name and Rank)		3i. CO/COTC Primary Phone Number		3j. CO/COTC E-Mail Address	
4. STATEMENT OF UNDERSTANDING (FIREARMS / MARKSMANSHIP & STANDARDS OF CONDUCT)						Parent/Guardian Initial Below
BY INITIALING YOU CERTIFY YOUR UNDERSTANDING & CONSENT TO THE FOLLOWING PARAGRAPHS: 4a. I have been advised and understand that the training requested by my son/daughter/ward is in the use and handling of firearms. I further understand that I am authorizing my son/daughter/ward to handle/use/discharge said firearms under the supervision of adult staff of the USNSCC and other firearms instructors, coaches, safety officers that are attached to this training activity.						
4b. I hereby certify that, to the best of my knowledge, my son/daughter/ward has no medical condition, felony conviction or any other condition, (Including but not limited to the following: depression, suicidal thoughts or threats, mental health treatment) that would preclude them from using a firearm under federal regulations or local regulations where the training is to be held.						
4c. Cadets are responsible for maintaining the highest standards of conduct. In the case of marksmanship/firearms training there is no room for behavioral/attitude issues. I have explained to my child that they are responsible for following ALL CO/COTC instructions, and that improper conduct resulting from violation of instructions will be cause for immediate dismissal from the training at my expense.						
4d. I understand that should any disqualifying condition arise (medical, physical, mental health or any other) prior to his/her departure for training, that the unit commanding officer or COTC will be notified immediately. Further, I understand authority for my son/daughter/ward to participate in the training requested will be canceled.						
4e. TRANSPORTATION NOTICE: Under NO circumstances is any cadet allowed to transport ANY firearms to and from a training event regardless of any state or local laws which may allow it. A parent or guardian may bring a firearm with them for cadet use at the training as directed by the CO/COTC. Firearms WILL be checked in with the CO/COTC upon arrival by the parent/guardian and returned to them at the conclusion of training. Cadets will not be responsible for the custody of any firearms. By initialing this box you (the parent/guardian) acknowledge this condition of training. A violation of this condition may result in termination from the USNSCC for all parties involved.						
IF YOUR ENROLLMENT HAS EXPIRED OR WILL EXPIRE PRIOR TO THE END OF TRAINING, YOU ARE NOT AUTHORIZED TO REPORT TO OR PARTICIPATE IN TRAINING						
7. ENDORSEMENTS By endorsing this form the Parent/Guardian affirms that the cadet has permission to take part in marksmanship/firearms training and is capable to do so safely, and that all information provided, to the best of your knowledge, is truthful and accurate. The CO/COTC endorsement signifies receipt of this form.						
7a. Parent/Guardian (Print or Type)			7b. Signature			7c. Date (DD MMM YY)
7d. CO/COTC (Print or Type)			7e. Signature			7f. Date (DD MMM YY)