

Acknowledgment & Waiver

Separate Form Required for Each Student and Guest

I hereby acknowledge I have been apprised of and am fully aware of the risks of personal injury attendant to my participation in firearms, an activity offered during the FBI Citizens Academy Range Day. My participation in this exercise is voluntary and I agree to assume these risks. In the event I do suffer injury, I hereby release and agree to hold harmless the FBI, the FBI Citizens Academy Alumni Association, and the U.S. Bureau of Prisons, their Agents and Employees, from any and all liability for any damage or injury I may receive while participating in the firearms activity. However, this acknowledgment should not be construed as a waiver of any rights I may have under the Federal Tort Claims Act.

Student Name: _____

Please Print. SIGNATURE IS REQUIRED AT BOTTOM OF DOCUMENT

Contact Information:

Address: _____

Street

City/State

Zip Code

Phone Number: _____

Home

Cell

E-Mail Address: _____

Non- Student: Your Name/ I'm attending

as a Guest of: _____

Please Print. SIGNATURE IS REQUIRED AT BOTTOM OF DOCUMENT

Your Contact Information:

Address: _____

Street

City/State

Zip Code

Phone Number: _____

Home

Cell

E-Mail Address: _____

Sign & Date: _____

Signature