# PG-13 CCW TRAINING ACADEMY

## Release of Liability, Assumption of Risk, and Indemnity Agreement

**Phone:** (747) CCW-2000 | **Email:** pg13ccw@gmail.com | **Website:** www.pg13ccw.com **CA Civil Code § 1542 Waiver Compliant**

**Student Name:** _____ **Course Date:** _____

**Date:** _____ **Instructor:** Paedick Gharapanianse

### SECTION 1: EXPRESS ASSUMPTION OF ALL INHERENT RISKS

I explicitly acknowledge that firearms training, concealed carry drills, and live-fire range operations are inherently dangerous activities. These risks include, but are not limited to: catastrophic firearm or ammunition explosions; flying bullet fragments and ricochets; hot discharged brass casings; airborne lead and heavy metal toxic particulates; elevated acoustic decibel impulses causing hearing damage; and the negligent or reckless conduct of other participants. I voluntarily choose to participate in these modules with full knowledge of these dangers and expressly assume all risks of personal injury, permanent disability, or death.

**I assume all inherent risks | Student Initials:** _____

### SECTION 2: LIABILITY RELEASE FOR ORDINARY NEGLIGENCE

By signing below, I hereby release, acquit, and forever discharge Paedick Gharapanianse, the PG-13 CCW Training Academy, its owners, instructors, range safety officers, and facility landlords from any and all claims, demands, or causes of action arising out of ordinary negligence. This includes any injury or damage caused by instructional errors, range layout designs, safety equipment failures, or any negligent medical treatment provided during an emergency event on the premises.

**I release all liability for ordinary negligence | Student Initials:** _____

### SECTION 3: INDEMNIFICATION AND HOLD HARMLESS PROVISION

I agree to defend, indemnify, and hold harmless Paedick Gharapanianse and the PG-13 CCW Training Academy against any and all claims, lawsuits, damages, or legal fees (including attorney's fees) arising out of my own conduct, my handling of firearms, or any third-party claims brought by my estate, family members, or other course participants due to my actions on the firing line.

**I agree to indemnify the training academy | Student Initials:** _____

### SECTION 4: WAIVER OF CALIFORNIA CIVIL CODE SECTION 1542

I explicitly waive all protections under California Civil Code Section 1542, which states: *"A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party."* I intend to fully release all future, unknown, or late-manifesting medical or psychological claims.

**I waive all Civil Code Section 1542 rights | Student Initials:** _____

### SECTION 5: COMPREHENSIVE PHOTO, VIDEO, AND MEDIA RELEASE

I hereby grant Paedick Gharapanianse, PG-13 CCW Training Academy, and their authorized representatives the absolute, irrevocable, and unrestricted right to take, use, publish, and reproduce photographs, video recordings, audio recordings, or digital media of me captured during this training course. This includes my likeness, voice, and image, in whole or in part, for any lawful purpose, including but not limited to commercial marketing, promotional materials, social media, and advertising, without any compensation, royalty, or prior notification. I waive any right to inspect or approve the finished product. I forever release and discharge the Academy from any liability, claims, or demands (including invasion of privacy or defamation) arising out of the use or distribution of these materials.

**I consent to media recording and release all claims | Student Initials:** _____

## SECTION 6: CONSENT TO EMERGENCY MEDICAL TREATMENT AND AID

In the event that I sustain any physical injury, illness, or medical emergency during training, I hereby explicitly authorize and grant full, irrevocable consent to Paedick Gharapanianse, the PG-13 CCW Training Academy, and any associated instructors or Range Safety Officers (RSOs) to render emergency medical aid, first aid, CPR, or trauma intervention to the best of their ability. I acknowledge that such aid may be initiated immediately and without further verbal or written consent to preserve my life, prevent permanent disability, or stabilize my physical condition prior to the arrival of professional paramedics or emergency medical services. I explicitly consent to physical contact and hands-on treatment of my body by range staff for these lifesaving purposes. I forever release, discharge, and agree to hold harmless Paedick Gharapanianse, the Academy, and all personnel from any liability, claims, or demands arising out of the rendering of such medical treatment or diagnostic decisions.

**I consent to emergency medical aid and touch | Student Initials:** _____

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## Range Safety Rules & Protocols Acknowledgment

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**Directions: Please read each directive carefully. Your initials in the left column signify your absolute understanding and commitment to follow these rules without exception.**

| Initials | Mandatory Classroom & Hot-Range Safety Directives |
|---|---|
| _____ | I understand that every firearm must consistently be treated as if it is actively loaded, regardless of status. |
| _____ | I will continuously maintain absolute muzzle control, ensuring the firearm points only downrange or in a safe direction. |
| _____ | I will keep my trigger finger straight and outside the trigger guard until my sights are aligned and I am ready to shoot. |
| _____ | I will maintain all firearms in an unloaded state until specifically instructed otherwise by the Lead Instructor or RSO. |
| _____ | I will immediately and implicitly obey every technical directive, standard, or warning given by range safety personnel. |
| _____ | I will instantly cease all shooting sequences upon hearing or witnessing a "Cease Fire," "Stop," or command flag. |
| _____ | I will never manipulate, touch, holster, or unholster any firearm while any person or party is located downrange. |
| _____ | I will wear certified wrap-around eye protection and high-grade noise-reducing hearing protection at all times within range boundaries. |
| _____ | I certify that I am not under the influence of alcohol, marijuana, illegal narcotics, or impairing medications. |
| _____ | I understand that unsafe or reckless conduct will result in immediate expulsion from the course without a refund. |

## CONFIDENTIAL MEDICAL & GESTATIONAL FITNESS DECLARATION

Live-fire qualifications involve elements of elevated physical exertion, psychological stress, high-decibel exposure, and lead particulates. Please check any conditions you currently experience or have been diagnosed with:

- ☐ Cardiovascular Pathologies / Heart Disease
- ☐ Cerebrovascular Accident / History of Stroke
- ☐ Diabetes (Type I or Type II requiring monitoring)
- ☐ Seizure Disorders / Active Epilepsy Spectrum
- ☐ Chronic Vertigo, Dizziness, or Balance Imbalances
- ☐ Severe Anxiety, Mood Dysregulation, or Panic
- ☐ Vision Impairment / Ocular Anomalies (uncorrected)
- ☐ Physical or Mobility Impairments affecting holster use
- ☐ Taking medication causing drowsiness / delayed reflexes
- ☐ Any other medical condition impacting safe firearm use

**Pharmacological Survey:** Are you currently taking any prescription or over-the-counter medication that may impair judgment, motor skills, or alertness?

☐ YES ☐ NO

If YES, outline the category or parameters: _____

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## Liability Waiver & Execution Blocks Continued

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Maternity Risk Warning & Gestational Declaration

I explicitly acknowledge that live-fire modules involve systemic environmental exposure to heavy metals (including airborne lead), high-decibel acoustic impulses, and dynamic movements that present developmental risks to an embryo or fetus. I am encouraged to consult an OB/GYN before training.

**I assume all situational gestational risks | Student Initials:** _____

Instructor Safety Determination Clause

I agree that the Lead Instructor and range safety personnel reserve an absolute, unreviewable right to deny, discontinue, or place structured limitations on my participation if they determine that any medical, mental, or physical condition presents an operational safety concern.

**I understand and consent to the Instructor's authority | Student Initials:** _____

**BY APPLYING MY SIGNATURE BELOW, I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT I HAVE CAREFULLY READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND ACKNOWLEDGE THAT I AM SURRENDERING SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE PAEDICK GHARAPANIANSE OR THE TRAINING ACADEMY FOR ORDINARY NEGLIGENCE, THE UNCOMPENSATED USE OF MY IMAGE/LIKENESS, AND ANY LIABILITY RELATING TO THE RENDERING OF EMERGENCY MEDICAL SERVICES. I SIGN IT VOLUNTARILY.**

Student Signature: _____

Printed Name: _____

Date: _____

Instructor Signature: _____

Printed Name: Paedick Gharapanianse

Date: _____

**Location Verification / Staging Timestamp:** _____