RELEASE

THE STATE OF TEXAS

COUNTY OF MCLENNAN

Know all persons by these presents that I, _____. Of_____ County, Texas, in consideration of being allowed to attend the Concealed handgun School under the instruction of Coy Jones, do by these presents for myself, my heirs, executors, administrators, and assigns, hereby release and agree not to hold liable, Coy Jones, his agents and employees from any and all actions, causes of action, claims, demands, costs or damages arising from or resulting from property damage, personal injuries, or death sustained by me or my property while attending this school.

I further agree by these presents for myself, my heirs, executors, administrators, and assigns, to indemnify, hold and save harmless Coy Jones, his agents and employees, from any liability, actions, claim, damage, award or judgment incurred or suffered by individuals as a result of any act or omission by me or caused by me while attending this school.

I further agree to indemnify and hold harmless the said Coy Jones, his agents and employees from any and all claims, cause of actions, demands, costs or damages asserted against me for property damages or personal injuries arising out of any acts or omissions allegedly resulting from my handgun training under Coy Jones.

In addition, I make the following representation and acknowledgment upon which I intend to rely: (1) I understand and agree that while attending the Concealed Handgun School, firearms will be utilized, and that they are inherently dangerous, and I voluntarily assume all risks of using and employing firearms or other similar products and the equipment utilized in the use of those firearms, those risks being inherent in any situation and under any circumstances, and I hereby release Coy Jones and agree not to hold liable his successors or assigns; (2) neither will I be considered an agent, servant, or employee of Coy Jones; (3) I agree that I will not attend any of the classes, held in conjunction with this training, after consuming alcohol, illegal or prescription drugs or any other substance that may impair my mental and physical faculties; (4) if I am found to have violated this agreement or any rules of the Concealed Handgun Class as they have been explained to me, I understand that I will be dismissed and I will have to reapply for another school.

Date:_____

_____

Signature:

_____

Last: **First:** **Middle:**

Address:_____

City:_____**State:**_____**Zip:**_____

Phone #_____