

Sniper's Hide Precision Rifle Course
Held at:
SureShot Range
Mount Auburn, Iowa

Student Information Sheet / Application / Indemnity Clause

Student Name _____ Date _____

Address _____

Email Address _____

Phone number _____

In Case of Emergency, Notify: _____

Rifle Make, Model _____ Caliber _____

Scope Make, Model _____ Reticle _____ Mil or MOA ?

Describe the Ammunition you will utilize _____

Muzzle device: ___ None ___ Brake ___ Suppressor (list model, cal.) _____

By submitting this application, I understand and agree to the following:

That I must provide my own eye and ear protection and wear it whenever applicable.

That I have purchased a seat at a training event. Should I decide that I cannot attend, I may resell my ticket to another qualified student, but I will not be refunded or compensated in any way unless training does not take place.

That the SureShot Range depends upon the careful control of deadly weapons by each participant; therefore I understand that my instruction may be terminated at any time during the course if my conduct is not deemed satisfactory and safe, the discretion of which is up to the Instructors or staff of SureShot Range.

That I will abide meticulously by any and all safety procedures required at SureShot Range, and that I agree to release the Course Instructors, SureShot Range and its Staff, and to hold the Course Instructors and SureShot Range and its Staff harmless should I sustain any injury during the training program.

That I am at least 18 years of age, an adult, responsible for my actions and am legally in possession of my firearm.

Sign _____ Date _____

