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**Membership
 Application and
 Waiver, Release and
 Covenant Not To**

Certified Firearms Training Institution
 Approved by the Commissioner of Police,
 Ministry of National Security,
 Approved National Sporting Organisation,
 recognised by the Ministry of Sports

In consideration of THE INTERNATIONAL DEFENSIVE PISTOL ASSOCIATION OF TRINIDAD, permitting me to become a dues-paying affiliate (member) of that corporation and in consideration of that corporation permitting me to engage in the firearms shooting activities of that corporation wherever the same are held in the Trinidad & Tobago, I, on my own behalf and on behalf of my heirs, representatives, administrators and assigns, hereby waive and release any and all claims, demands, causes of action, suits and rights I, or anyone on my behalf, might have against that corporation, its officers and/or directors for personal injury (including death), loss or damage to my property which I (or anyone claiming by or through me) may have against that corporation, its officers and/or directors, as a result of my taking part in the firearms shooting activities sponsored by, sanctioned by or approved by that corporation, its officers and/or directors.

Further, I agree that I will not, nor will anyone acting on my behalf claiming by or through me, bring or maintain any suit in Court to assert any claim against that corporation, its officers and/or directors, for any claim that I might have arising out of my participation in any activities sponsored by, sanctioned by or approved by that corporation, its officers and/or directors.

I UNDERSTAND THAT ENGAGING IN DEFENSIVE PISTOL SHOOTING ACTIVITIES CONSTITUTES MY INVOLVEMENT IN A VERY HAZARDOUS AND DANGEROUS ACTIVITY WITH ACCOMPANYING RISKS OF PERSONAL INJURY OR DEATH AND LOSS OR DAMAGE TO PERSONAL PROPERTY, AND I HEREBY VOLUNTARILY ASSUME THOSE RISKS.

I AM OVER TWENTY-FIVE (25) YEARS OF AGE.

I have read and understand the foregoing provisions of this **WAIVER, RELEASE AND COVENANT NOT TO SUE** and I have executed this instrument voluntarily on this date.

I recognize that the corporation, its officers and directors are not obligated to permit me to participate in any of the corporation's activities and may terminate my participation in such activities at any time and for any reason.

The effect of this instrument shall not preclude the prosecution of any claim that I might have against persons or corporations other than THE INTERNATIONAL DEFENSIVE PISTOL ASSOCIATION OF TRINIDAD, its officers and/or directors. In other words, I am releasing, waiving my rights and agreeing not to sue THE INTERNATIONAL DEFENSIVE PISTOL ASSOCIATION OF TRINIDAD, its officers and/or directors. This instrument shall remain in full force and in effect indefinitely.

I HEREBY APPLY TO THE INTERNATIONAL DEFENSIVE PISTOL ASSOCIATION FOR MEMBERSHIP AND AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE ASSOCIATION AND DECLARE THAT THE ABOVE STATEMENTS MADE ON THIS APPLICATION ARE TRUE IN ALL RESPECT.

 Applicant Full Name
 (Please Print)

 Date

 Witness Full Name
 (Please Print)

 Applicant Signature

 Witness Signature
 May be anyone 18 or older