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Waiver, Release and Covenant Not To Sue

Certified Firearms Training Institution
 Approved by the Commissioner of Police
 Ministry of National Security
 Approved National Sporting Organization,
 recognized 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 Association and in consideration of that Association permitting me to engage in firearms shooting activities of that Association wherever the same are held in 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 Association, 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 Association, its officers and/or directors, as a result of me taking part in any firearms shooting activities sponsored by, sanctioned by or approved by that Association, 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 Association, 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 Association, its officers and directors are not obligated to permit me to participate in any of the association'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