

NOTE: All individuals participating in Commission range activities involving live firing, including instructors and students, must review and sign this form each day on the range. Refusal or failure to sign the form will prohibit firing range participation.

1. Do you have any physical disability, limitation, illness or any other condition that may affect your ability to safely participate in any aspect of this training? Yes____ No____ (Initials)_____.

If YES, Explain _____

 Are you currently taking or under the influence of any prescription or non-prescription medicine? Yes_____ No_____ (Initials)_____.

If YES, Explain ____

(If you answered YES to question 2, answer questions 3 and 4. If you answered NO, skip 3 and 4).

- 3. Will any of the medications that you are taking impair your ability to safely handle a firearm and/or safely participate in the Commission's range activities? Yes____ No____ (Initials)____.
- 4. Do you have a doctor's authorization to participate in the Commission's range activities? Yes_____No_____(Initials)_____.
- 5. By initialing and continuing I confirm that I am not under the influence of alcohol (Initials)_____.
- I will come to the firing range with an empty firearm. This includes magazines and speed loaders. All firearms, magazines, and speed loaders are to be kept unloaded and secured in the holster / pouch, until shooters are on the firing line and instructed by the Range Master / Instructor to load them.
- 7. I understand that dry firing of any firearm while on or off the firing line is NOT AUTHORIZED unless shooters are instructed to do so and are under the direct supervision of a firearms instructor.
- 8. I will always keep my finger outside the trigger guard until I intend to fire. This also applies when I draw and re-holster my firearm.
- 9. I will keep my firearm decocked between stages and / or stations during training and qualification unless instructed not to do so by a firearms instructor.
- 10. I will always maintain and point my firearm in a safe direction and never at another person. This includes loading and unloading.
- 11. I will always keep my firearm pointed down-range when on the firing line while making sure there is no one between my firearm and the target. I will also maintain awareness of what is beyond my target.

- 12. I understand that eye and muff-type ear protection and a baseball type hat with a brim are required to be worn at all times when firing is being conducted.
- 13. I understand that shooters and other participants are not permitted to wear the following items on the range: rain-type ponchos, shorts, sweat pants, and any hat or garment that is the color red or blaze orange.
- 14. I understand that shooters and other participants are never permitted to step off of the firing line until the Range Master or an instructor tells them to do so and their firearm is safely holstered.
- 15. I understand that while on the firing line <u>no one</u>, <u>including instructors</u>, is permitted to bend over to retrieve dropped articles until they are instructed to do so by the Range Master.
- 16. I understand that when shooting weak or strong handed <u>unsupported</u>, my non-shooting hand must be placed tightly across my torso.
- 17. I understand that all shooters must begin the course of fire or a drill starting from a good interview position.
- 18. I understand that if I cannot hear range commands or have any problems, I must raise my nonshooting hand to signal a problem.
- 19. I understand and will comply with the rule that there is no eating, drinking, chewing tobacco, smoking, or unnecessary talking while on the firing line.
- 20. I understand that all items needed to participate in range activities must be worn by the participant and that no one will be permitted to carry anything forward of the 25-yard line.
- 21. I will immediately and fully comply with all range commands given by the Range Master or line instructors.

CERTIFICATION

I certify that I am familiar with the functioning of my firearm and equipment and I am capable of using them in a safe manner. I certify that I am in compliance with the Commission's equipment requirements. I understand that if I violate any of the range safety rules I will be removed from the line of fire and will not be permitted to continue.

I certify and declare that this document and any attachments contain no misrepresentation or falsification; omission or concealment of material fact and that information given by me is true and complete to the best of my knowledge and belief. I am signing this document with the full understanding that submission of any misrepresentation or falsification, or the omission or concealment of material fact will subject me to all available civil and/or criminal penalties, including the penalties under 18 Pa. C.S.A. § 4904.

| NAME: | | DATE: |
|---------|---------|---------------------|
| | (SIGN) | |
| NAME: | | SSN Last 4 Numbers: |
| | (PRINT) | |
| COUNTY: | | |
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