

# K & M OUTFITTERS-REGISTRATION

Name: \_\_\_\_\_ AKA \_\_\_\_\_  
Legal Name (Same as driver's license) If applicable

Address: \_\_\_\_\_  
Street City State Zip Code

Driver's License: \_\_\_\_\_ State: \_\_\_\_\_ Expires \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email (Optional) \_\_\_\_\_

## In Case of Emergency, Please Notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: (\_\_\_\_\_) \_\_\_\_\_

## Medical Statement

I recognize that K & M Outfitters, the land owners, officers, servants, agents, associates, or employees **cannot** advise me on medical matters and hereby state that if I have any history of; cardiac or pulmonary conditions or disease including high or low blood pressure, non-correctable vision impairment, fainting spells, convulsions, epilepsy, hearing loss or impairment, neck or back soreness or injury of any kind, orthopedic, bone or musculoskeletal condition, nervous or mental disorders, diabetes, kidney or related diseases, shortness of breath, drug or alcohol dependency, or any other physical or mental conditions that **I should stop now and seek qualified medical advice prior to engaging in hand to hand and/or firearms training, firearms competition(s) or any other related activities provided by K & M Outfitters and its Entities.**

Medications currently taking (If none; write "NONE"):

\_\_\_\_\_

Known Allergies: \_\_\_\_\_

I further certify that I am not on any prescription or non-prescription medication that would inhibit mine or other's safety while engaging in hand to hand and/or firearms training, firearms competition(s) or any other related activities provided by K & M Outfitters and its Entities. I further certify I have not taken any alcoholic beverages within the last twelve (12) hours or am engaging in controlled illicit drugs. I also recognize that it is against K & M Outfitters rules and regulations to take controlled illicit drugs or alcohol while engaging in hand to hand and/or firearms training, firearms competition(s) or any other training provided by K & M Outfitters and hereby agree to refrain from doing so. I acknowledge that K & M Outfitters reserves the right to deny access to property or activities for engaging or being suspect of engaging in these activities.

**Representations and Warranties** I certify that I do not suffer from any physical infirmities or chronic illnesses or currently under treatment for any physical and/or medical conditions which would affect my ability to safely engage in activities mentioned above.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please answer "YES" or "NO"

\_\_\_\_\_ Can you legally own the firearm(s) you will be using in the event(s)

\_\_\_\_\_ Do you have any criminal convictions of any crimes; felony crime, domestic violence, drug charges, or indictment? If yes, you **will not** be able to engage in any event(s) offered by K & M Outfitters.

\_\_\_\_\_ Are you an illegal alien in the United States of America?

Please check ALL that apply:

\_\_\_\_\_ I have a concealed weapons permit.  
Number \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_

\_\_\_\_\_ I have a Federal Firearms License.  
Number \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_

\_\_\_\_\_ I am currently active or in reserve Armed Forces or National Guard

\_\_\_\_\_ I am C.L.E.E.T. certified. ( \_\_\_\_\_ Law Enforcement \_\_\_\_\_ Security)

\_\_\_\_\_ Prior firearms/hand to hand training; Name of facility & what type course(s)  
\_\_\_\_\_

\_\_\_\_\_ All the above does not apply to me, I am a civilian enthusiast.

**K & M Outfitters  
Agreement, Release of Liability & Assumption of Risk Waiver**

In consideration of being permitted to utilize the facilities and equipment of K & M Outfitters and its Entities to engage in hand to hand and/or firearms training, firearms competition(s), and/or any other related training activities, **I UNDERSTAND THAT SHOOTING OF ANY FIREARMS AND TACTICAL ACTIVITIES ARE EXTREMELY DANGEROUS, WHILE PARTICIPATING IN THIS TYPE OF ACTIVITIES MAY RESULT IN INJURY OR DEATH. I EXPRESSLY & VOLUNTARILY ASSUME ALL RISK OF DEATH OR DAMAGE TO PERSONAL PROPERTY OR PERSONAL INJURY SUSTAINED WHILE PARTICIPATING IN SUCH ACTIVITIES MENTIONED ABOVE.**

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

1. It is further agreed between the parties that the unforeseen may happen and that no one can delineate all risk or possibilities of error. Therefore, I specifically include in this release, any injury resulting from any occurrence, whether foreseen or unforeseen and whether contemplated or not contemplated, which is in any way connected with performing a hand to hand and/or firearms training, firearms competition(s) and/or any other related activities or my presence at K & M Outfitters training facility located at Rogers County, Claremore, Oklahoma or any other place or entity connected with the parties included.

2. **Released Parties Included:** I understand that this Agreement, Releases of Liability and Assumption of Risk include: K & M Outfitters, it's officers, agents, attorneys, servants, employees, board members, stock holders, volunteers, instructors, equipments, manufacturers, the landowner(s), their heirs, executors or administrators, and all parties mentioned anywhere in the body of the document. ( \_\_\_\_\_ ) **Initial**

**Please fill out section 3-6 OR Fill out section 7**

**3. Assumption of Risk:** I understand that shooting of any firearms and tactical activities are extremely dangerous and I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISK OF DEATH OR PERSONAL INJURY SUSTAINED WHILE PARTICIPATING IN "HAND TO HAND AND/OR FIREARMS TRAINING, FIREARMS COMPETITION(S), AND/OR ANY OTHER RELATED ACTIVITIES" whether such risk is foreseen or unforeseen, contemplated or not contemplated, and whether or not caused by the negligence or other fault or "K & M Outfitters" including but not limited to equipment malfunction from whatever, inadequate training, any deficiencies in the training area or any other injury I may sustain even if caused by negligence or any fault of "Released Parties" ( ) Initial

**4. Release from Liability:** I exempt and release "Released Parties" its officers, agents, attorneys, servants, employees, and lessors, from any and all liability, claims, demands, or actions or causes of action whatsoever upon the premises or while participating in any of the activities contemplated by this agreement, whether such loss, damage or injury results from the negligence, either active or passive, of "Released Parties" its officers, agents, servants, employees or lessors or from other cause. I understand that I am giving up legal rights, which I may otherwise have by entering into this Agreement. ( ) Initial

**5. Covenant Not to Sue:** The participant agrees never to institute any suit or action at law or otherwise and hereby instruct my heirs, executors and administrators never to assist the prosecution of any claims for damages or cause of action which my heirs, executors or administrators may have reason of injury or death to my person or property arising from the activities contemplated by this agreement. I also agree that if a suit is initiated, I or my heirs agree to pay all judgments and legal cost against and incurred by "Released Parties." ( ) Initial

**6. Indemnification and Hold Harmless:** The participant will indemnify, save, and hold harmless "Released Parties" from any and all losses, claims, actions, or proceedings of every kind and character, including attorney's fees and expenses, which may be presented or initiated by any other persons or organizations and which arise directly or indirectly from the activities of the participant while engaged in "hand to hand and/or firearms training, firearms competition(s), and/or any other related activities" ( ) Initial

I ACCEPT paragraphs 3-6 \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Signature

**7. Alternative Provision:** In consideration of the deletion of the provisions herein regarding Assumption of Risk, Release from liability, Covenant not to sue, Indemnification and Hold Harmless the participant has paid the additional sum of \$ 2,000.00 upon execution of this agreement, receipt of which is hereby acknowledged by "Released Parties." ( ) Initial

"Released Parties" Receipt of Funds ( ) Cash ( ) Check # \_\_\_\_\_ ( ) Initial

**7. A.** It is understood that acceptance of the Alternative Provision above does not constitute contract on insurance, but only waives "Released Parties" contractual defenses which would otherwise be available.

I ACCEPT paragraph 7 \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Signature

**8. Duration of Release:** It is my understanding and intention that this release and Agreement be effective not only for my first time access to K & M Outfitters and training facility but any subsequent activities in any way associated with "Released Parties." (\_\_\_\_\_) **Initial**

**9. Validity of Waiver:** The participant understand that if he or she initiates any suit or action or law for any claim for damages or cause of action because of injury or death to his or her person or property due to the activities contemplated by this agreement, this waiver can and will be used in court and that waivers of this type have been upheld in courts in similar circumstances. (\_\_\_\_\_) **Initial**

**Authorization for background check**

I hereby authorize Keith Waldran, officers, agents, and or associates of K & M Outfitters to conduct a background investigation. I authorize the release of information concerning my past criminal history and current activity information, and or any other types of information concerning me which is relevant to the completion of the aforementioned background information. I further agree to waive any and all claims which may rise against anyone or entity releasing such information and further agree not to institute the legal proceedings of any kind against Keith Waldran, officers, agents, and or associates of K & M Outfitters in connection with the aforementioned background investigation. I understand that all information that is retrieved with this background check will be confidential and information will not be shared with any other companies. (\_\_\_\_\_) **Initial**

**Written Understanding:** In your own handwriting, please write the following below:

**"I read, understand and fully agree to all the terms and conditions of this Agreement, Release of Liability and Assumption of Risk Waiver and Alternate Provisions."**

-----  
-----  
-----  
-----

Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**ACKNOWLEDGEMENT OF WITNESSES:**

I hereby certify that I have personally witnessed and verified that the person's whose name appears above has read this document and understood the nature and consequences thereof and that he/she appeared to be of full capacity, of sound mind, and under not constraint or undue influence at this time.

**Witness One:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Witness Two:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## EQUIPMENT LIST FOR FIREARMS/RIFLE SCOPE TRAINING

EQUIPMENT	MANDATORY	OPTIONAL	AVAILABLE FOR SALE
Precision Rifle	X		X Check for availability
Mil-Dot or Ranging scope	X		X Night Force Scopes
Rings/Base for rifle	X		X Night Force
Cleaning Supplies	X		X Check for availability
Ear Protection	X		X Disposable no charge
Eye Protection	X		
Calculator (pocket size)	X		
Notebook/pen/pencil	X		
Rifle Sling	X		X Check for availability
Spotting scope/Binocular		X	
Shooting mat/Drag bag		X	X Eagle-Check for avail.
Cheek rest/Stock pad		X	X Eagle-Check for avail.
Mild-Dot Master		X	X
Sniper Data Book	X		X
Elbow/Knee pad		X	
Bipod		X	Sand bags available
Range finder		X	
Canteen/Hydration system	X		X CamelBack/Eagle
Insect repellent	X		
Hat/cap	X		
Sunscreen	X		
Pack for equip/items above	X		X Eagle-Check for avail.

Weather is very unpredictable so please dress in layers and dress for all weather. Wear comfortable shoes/boots, expect some walking. There is very little shade so please bring some type of head protection. Please call ahead for list of additional mandatory equipment list for competition(s) and for any other training courses.

Once we receive your registration, we will mail or email you with a confirmation and detailed map to the facility. If you have any questions or concerns please call (918)408-3500 or email us.

Mail, fax, or email registration to:

K & M Outfitters  
 9642 E. Hwy 88 Unit CC  
 Claremore, OK 74017  
 Fax: (918)283-2356

[kwaldran@netzero.com](mailto:kwaldran@netzero.com)  
[www.kandmoutfitters.com](http://www.kandmoutfitters.com)