

# FETC COURSE 4 SAFETY ACKNOWLEDGEMENT

## FETC Form 41 (11/06/06)

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**NOTE: All individuals participating in Commission Course 4, including instructors and students, must review and sign this form prior to beginning the practical exercise phase of instruction. Refusal to sign the form will prohibit further participation in the course and result in no credit for attendance.**

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 \_\_\_\_\_

2. I will come to the training 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.
3. 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.
4. 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.
5. I will always maintain and point my firearm in a safe direction and never at another person. This includes loading and unloading.
6. 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.
7. 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.

## 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 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:** \_\_\_\_\_  
(Print)