



# FIREARMS COURSE STUDENT REGISTRATION FORM

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Class Name:** \_\_\_\_\_

**Class Date:** \_\_\_\_\_

### Release and Waiver of Liability

The undersigned acknowledges that the reaction to, possession of, and/or use of firearms is potentially dangerous, and involves risk of serious personal injury, death, psychological trauma, and/or other personal and financial liability. The undersigned agrees to assume all risk and waives any and all claims of liability for personal injury, death, psychological trauma, and/or other personal or financial loss.

Print Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By checking this box, I authorize the use of my photo for lawful purposes such as illustration, publicity, marketing or web content. The instructor may use, publish and copyright digital materials created during the course.