



**\$50.00 pre-paid**

STUDENT REGISTRATION FORM

# Conceal Carry Renewal

# STUDENT REGISTRATION

**INSTRUCTIONS:** Fill out each field completely, and return this registration form to your instructor.

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

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

City, County & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

FOID #: \_\_\_\_\_ Expires: \_\_\_\_\_

Credits Claimed: \_\_\_\_\_

Course Dates: \_\_\_\_\_ Score/Caliber: \_\_\_\_\_

### 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: \_\_\_\_\_

Notes: