

## **RED RIVER WEST APPLICATION FOR SAFETY VETTING**

`	ircle one): HANDGUN CARBI.	NE LUNG RANGE	
COURSE A	MOUNT:		
NAME:			
	STATE:		
PHONE: (H	OME or CELL)		
E-MAIL: _			
	DOB:		
PROFESSIO	ON:		
R OR L HA	NDED:		
PRIMARY V	WEAPON:		
BACK-UP (I	If Available):		
<b>EMERGEN</b>	CY CONTACT NAME & NUMBER:		
<b>EMERGEN</b>	CY CONTACT RELATIONSHIP:		
PLEASE CH	HECK ONE AND PROVIDE INFORM	MATION REQUESTED:	
I hav	ve enclosed a copy of my driver's licen	se, copy of my CHL permit, (or, if	no CHL, a statement
of no crimina	al history from a law enforcement age	ncy.)	
I hav	ve enclosed a current copy of my cur	rent active duty service with eithe	r a law enforcement
agency or the	e United States Armed forces.		

## BY SIGNING THIS APPLICATION, I UNDERSTAND AND AGREE TO THE FOLLOWING: Please initial each of the following: \_ That the information/credentials provided above meet the requirements outlined by Red River West and that I must positively identify myself as the same person at time of course attendance. That I agree to abide by all safety procedures required by Red River West. \_\_\_\_\_ That Red River West's business depends on the safe control of deadly weapons by each student and if my conduct is not deemed safe, including, but not limited to, not adhering to Red River West Range's ammunition policies, failure to follow direction by any Instructor or Range Safety Officer, or follow any guidelines set out in the Range SOP, my instruction may be terminated at any time and I may be removed from the Range without a refund of any monies. That I will be 18 years of age at the time of the class. That I will sign a release of liability when reporting for the course. \_\_\_\_\_ That payment is due in full at time of Registration. **CANCELLATION POLICY:** I understand that if the class is cancelled, my full deposit will be refunded or the deposit can be applied to another class. If I cancel more than 30 days prior to the class, my deposit will be fully refunded. Cancellation within 30 days of the class, Red River West will determine if the refund is appropriate. Finally, I affirm that I can legally own, use and possess a firearm in the United States of America.

## PLEASE COMPLETE AND EMAIL THIS FORM, AS WELL AS THE APPROPRIATE INFORMATION REQUESTED, TO RED RIVER WEST:

Signature:

Date: \_\_\_\_

 $\textbf{Email:} \underline{\textbf{logistics} coordinator@rrfwest.com}$ 

MAILING ADDRESS: RED RIVER WEST, LLC 6793 CR 411

Gainesville, TX 76240

For Questions Call: (940) 284-3200