

Concealed Carry & Home Defense Fundamentals

STUDENT REGISTRATION

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

Name: _____ Date: _____

Address: _____

City, County & State: _____ Zip: _____

E-Mail Address: _____

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: _____

Phone: _____ Date Of Class: _____

MN Permit \$125 _____ Written Score: _____

FL Permit \$125 _____ Shooting Score: _____

MN/ FL Permit \$ 150 _____

