

*****MUST BE COMPLETED PRIOR TO START OF THE CLASS*****

John Hansen Jr. Instructor
NRA Certified

HOLLOW-POINT DEFENSE

AZ CCW CLASS REGISTRATION

NAME : _____

ADDRESS: _____

CITY, STATE ZIP: _____

CLASS DATE: _____ AGE/ DOB: _____

EMAIL: _____

NRA ID# (OPTIONAL): _____

FIREARM: _____ CALIBER: _____

**Class FEE for AZ CCW is \$40.00, PLEASE ATTACH
PAYMENT TO THIS REGISTRATION FORM.**

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**RELEASE OF LIABILITY AND ASSUMPTION OF RISK
AGREEMENT**

IN consideration of being permitted to participate in any way in the training and instruction being offered by HOLLOW-POINT DEFENSE, I, THE RELEASOR, acknowledge, appreciate, and agree that:

1. This training program involves the use and discharge of firearms, the use of weapons by class members and instructors. Such weapons will be used in various training exercises that require movement with loaded weapons in a holster and upholster condition. I am fully aware of the inherit risk of injury associated with the activities and equipment involved in such training and instruction, including the potential for permanent disability and death, and while personal discipline will minimize the risk, the risk does exist.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK ARISING SAID TRAINING BY THOSE PERSONS CONDUCTING TRAINING. I HEREBY RELEASE FROM LIABILITY BELOW AND ASSUME ALL RESPONSIBILITY FOR MY PARTICIPATION IN SAID TRAINING AND INSTRUCTION.
3. I understand that this training program is physical and mentally intense. I understand that I must at all times, follow the instructions of any and all training personnel. If I observe any unusual or unnecessary hazards during my participation, I will bring such to the attention of the training staff as soon as practical; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin; **FOREVER RELEASE, HOLD HARMLESS AND PROMISE NOT TO SUE BLACKWOLF DEFENSE, INSTRUCTORS, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER CAUSED BY NEGLIGENCE OF THE RELEASEES OR OTHERWISE.**
5. I understand and agree that this **RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT** covers each and every training session and/or simulation in which I participate or attend.
6. **I HAVE READ AND FULLY UNDERSTAND THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND UNDERSTAND THAT, BY SIGNING MY NAME BELOW, I FREELY AND KNOWINGLY GIVE UP IMPORTANT LEGAL RIGHTS.**

Date Signed: _____

RELEASOR'S Signature : _____ (Must be signed in ink).