**MAJOR DEFENSE CLASS REGISTRATION FORM**

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| Name/Address |
| City/State/Zip |
| Driver’s License #/State Date of Birth |
| Email Phone |

Class for which you wish to register:

􀂉 **Major Defense Basic Pistol** **$95** 􀂉 **NRA Basic Pistol $95** 􀂉 **NRA Basic CCW $150**

􀂉 **NRA Refuse To Be a Victim Seminar $25**  **NRA Home Firearm Safety $50**

􀂉 **NRA Personal Protection Inside The Home (PPITH) $180** (Pre‐requisite: Firearms experience or pre‐course evaluation)

􀂉 **NRA Personal Protection Outside The Home (PPOTH) –Basic $180** (Pre‐requisite: PPITH )

􀂉 **NRA Personal Protection Outside The Home (PPOTH) –Advanced $60** (Pre‐requisite: PPITH and PPOTH Basic)

􀂉 **USCCA Basic Firearms Course $95**􀂉 **USCCA Concealed Carry Course Home Defense Fundamentals $125**

Note‐ PPITH / PPOTH and CCW require documented experience with firearms and firearms safety as a pre‐requisite. If you have not previously taken a class with us, please provide appropriate documentation such as Concealed Weapons Permit, military DD‐214, etc. If you do not have appropriate documentation, it is possible to arrange a pre‐course evaluation with us or any other NRA‐certified instructor to obtain proper documentation of firearms experience. Please ask us if you need to arrange this.

**Date of class:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Enclosed $\_\_\_\_\_\_\_\_\_\_\_\_**

Please answer the following questions: **YES NO**

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| Have you been convicted of a felony or convicted of a misdemeanor crime of domestic violence? |
| Are you depressed or are you receiving treatment or taking medication for depression? |
| Are you under the influence of alcohol, chemical substances, or controlled substances? |
| Have you been issued a restraining order restraining you from committing acts of domestic violence whichis still in effect? |
| Have you ever been adjudged mentally incompetent? |
| Have You Ever Handled a Handgun? |
| Have You Ever Handled a Rifle? |
| Have You Ever Handled a Shotgun? |
| Do you own a firearm? |
| What is the make, model, and chambering (caliber) of the gun you will bring with you to use in the class?(e.g. *“Glock Model 17 in 9mm”*) |
| Are you an NRA member? YES / NO Please provide your NRA member number if YES |
| How Many Times A Year Do You Practice With A Firearm? |

To help us better understand your background and to better serve you, please indicate your reasons for taking this class.

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| Interested in learning about safe use of firearms |
| Interested in personal protection |
| Interested in obtaining Florida Concealed Weapons Permit (CWP) |
| Already have FL CWP but want to improve knowledge and skills |

Do you have any special needs, requests, or background which you would like us to know? If so, please indicate here.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***(OVER PLEASE)***

**AGREEMENT, RELEASE, INDEMNIFICATION, COVENANT NOT TO SUE, AND WAIVER OF LIABILITY**

***(READ CAREFULLY BEFORE INITIALING AND SIGNING)***

In consideration of the acceptance of my participation and/or the participation of my child or ward, directly or as a spectator or observer, in the NRA or USCCA Course indicated on the reverse hereof given by Steven Lee and/or Major Defense, and/or any activity, class, firing range rental, firearm rental, or other use of the facilities of Steven Lee, Major Defense, and/or Dade City Gun Club, any hotel or meeting room(s) (hereinafter, “Activities”), the undersigned agrees to assume the risks incidental to such participation and, on my own behalf, on behalf of my child or ward, and on behalf of my and my child’s or ward’s heirs, executors, administrators personal representatives, assignees and next of kin, I release, indemnify, hold harmless, covenant not to sue, and forever discharge the Released Parties defined below, of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with my participation and/or the participation of my child or ward in the Activities, my and/or my child’s or ward’s use or application of the provided instruction and information (both during the course and at all times thereafter), or my or my child’s or ward’s presence on or use of the range, buildings, land, or premises in connection with the Activities. The Released Parties are Steven Lee; Major Defense; any instructors, assistant instructors, apprentice instructors, and staff participating in the instruction; the Dade City Gun Club, any other shooting ranges, hotels or meeting rooms used; National Rifle Association; United States Concealed Carry Association; any parent, related, affiliated and subsidiary companies of all of the foregoing; and the officers, directors, employees, agents, members, representatives, insurers, successors and assigns of all of the foregoing. The undersigned expressly understands that the Release, Indemnification, Covenant Not to Sue and Waiver of Liability provisions of this Agreement clearly and unequivocally include and apply to any claims based on the negligence (whether active, passive or relating to the content of any instruction), ownership of any dangerous instrumentality, ownership of any real property and/or the facilities located thereon (including, but not limited to, any latent defects), action or inaction of or by any of the above Released Parties, including, but not limited to, claims for bodily injury, psychological injury, death and property damage or loss suffered by me, my child or ward as a result of such participation in the Activities. Additionally, the undersigned further agrees to indemnify and hold the Released Parties harmless from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with my participation and/or the participation of my child or ward in the Activities, or the presence on or use of the range, buildings, land or premises in connection with the Activities by me, my child and/or my ward, which results in the personal injury or death of anyone whatsoever, or loss or damage to the property of anyone whatsoever (including the loss of use thereof). **\_\_\_\_\_ *(Initial Here)***

This Agreement shall be governed by the laws of the State of Florida, and any legal action arising out of participation by myself, my child or ward in the Activities, or any litigation relating to the enforcement of this Agreement shall be commenced exclusively in either the Circuit Court of the Thirteenth Judicial Circuit in and for Hillsborough County, Florida, or the County Court in and for Hillsborough County, Florida, as appropriate. **\_\_\_\_\_ *(Initial Here)***

In entering into this Agreement, I hereby grant the Released Parties a limited power of attorney and authorization to obtain, at my cost, any and all emergency medical treatment which may be needed by myself, my child or ward as a result of participation in the Activities. For the purposes of this Agreement, emergency medical treatment means medical care or treatment necessitated by a sudden, unexpected situation or occurrence resulting in a serious medical condition demanding immediate medical attention. However, I release, indemnify, hold harmless, covenant not to sue, and forever discharge the Released Parties of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with the exercise or the failure to exercise such limited power of attorney and authorization, whether negligent or otherwise. **\_\_\_\_\_ *(Initial Here)***

I expressly agree that this Agreement is intended to be as broad and inclusive as permitted by law, and that if any provision of this Agreement is held illegal, invalid or otherwise unenforceable, the enforceability of the remaining provisions shall not be impaired thereby, and such invalid part, term or provision shall not be deemed part of this Agreement. I further agree that any ambiguities in this Agreement shall not be construed in favor or against any party by virtue of that party having drafted the Agreement. No remedy conferred by any of the specific provisions of this Agreement is intended to be exclusive of any other remedy, and each and every remedy shall be cumulative and shall be in addition to every other remedy now or hereafter existing at law or in equity or by statute or otherwise. The election of any one or more remedy hereunder shall not constitute any waiver of the right to pursue other available remedies. **\_\_\_\_\_ *(Initial Here)***

I certify that I am eighteen (18) years of age or older (twenty‐one (21) years of age or older if I will be in possession of a handgun), am legally allowed to possess a handgun or other firearm, and that I am entering into this Agreement on my behalf and/or as parent or guardian of a child or ward under the age of eighteen (18). **\_\_\_\_\_ *(Initial Here)***

I certify that all information provided on the reverse hereof is true and correct. I further certify that I understand that any possession of a firearm by a person convicted of a felony or convicted of a misdemeanor crime of domestic violence is a serious crime prohibited by Federal law and/or Florida law**\_\_\_\_\_ *(Initial Here)***

I certify that I expressly understand that the aforementioned Activities include, but are not limited to, instruction in personal security, instruction in the handling and use of firearms, the discharge of firearms and the firing of live ammunition. I further certify that I expressly understand that these are inherently hazardous and dangerous activities which may result in severe injury or death, and/or loss or damage to personal property, and I hereby voluntarily assume those risks. **\_\_\_\_\_ *(Initial Here)***

I certify that I will not use knowledge imparted to me during the Activities in violation of any local, state, or federal laws, or in violation of any terms or conditions of my employment. Further, if I breach this term of this Agreement, I release, on my own behalf and on behalf of my family, heirs and successors, the Released Parties from all liabilities, claims, actions, damages, costs or expenses of any nature (including my own negligence) arising out of or in any way connected with such breach; and I agree to indemnify and hold the Released Parties harmless from all liabilities, claims, actions, damages, costs or expenses of any nature (including my own negligence) arising out of or in any way connected with such breach. **\_\_\_\_\_ *(Initial Here)***

I certify that I have completely read the foregoing, and I expressly agree to all of the provisions of this Agreement. **\_\_\_\_\_ *(Initial Here)***

UNDERSIGNED:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, individually, and on behalf of my child or ward, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Printed Name Printed Name

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Signature Date