FSA
FIREARMS SAFETY ACADEMY

STUDENT REGISTRATION

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: