



STUDENT REGISTRATION

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

PRINT NAME HOW IT APPEARS ON YOUR DRIVERS LICENSE

Name: _____ Date: _____

Address: _____

City, County & State: _____

Phone #: _____ Date of Birth: _____

E-Mail Address: _____

FOID #: _____ Expires: _____

Type Firearm: _____

Course Dates: _____ Caliber: _____

Emergency Contact Name: _____ Emergency Contact Phone #: _____

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:

Attach copies of FOID and Driver's License



Class: _____

Student: _____

Date Signed: _____

Liability Waiver

ASSUMPTION OF RISK, RELEASE OF LIABILITY, AND INDEMNITY AGREEMENT

In consideration for being permitted to participate in firearms training provided by Firearms Safety Academy at Range and class room in Yorkville, Illinois, I acknowledge and agree as follows:

1. I understand that firearms instruction, live-fire training, weapons handling, ammunition use, and range activities involve inherent and serious risks, including but not limited to property damage, personal injury, permanent disability, illness, and death.
2. I certify that I am voluntarily participating in this activity on or about Training Date, _____ that I am physically and mentally capable of participating, and that I will follow all instructor commands, range rules, and safety procedures at all times.
3. I knowingly and freely assume all risks, both known and unknown, even if arising from negligence other than gross negligence or willful misconduct, and I accept full personal responsibility for my participation.
4. To the fullest extent permitted by law, I release, waive, discharge, and covenant not to sue Firearms safety Academy its owners, officers, employees, contractors, assistants, agents, landlords, affiliated instructors, and host facilities from any and all liability, claims, demands, losses, or causes of action arising out of or related to my participation.
5. I agree to indemnify and hold harmless the released parties from any claim brought by me, my estate, my family members, or any third party arising from my acts, omissions, conduct, equipment, or participation.
6. I consent to emergency medical care if deemed necessary. My emergency contact is Emergency Contact Name _____ at Emergency Contact Phone _____
7. I certify that I am 18 years of age or older (or, if a minor, that my parent or legal guardian has provided written consent), that I am not under the influence of alcohol or any substance that impairs judgment, and that I am legally permitted to possess and handle firearms under applicable federal, state, and local law.
8. If any part of this agreement is held unenforceable, the remainder shall continue in full force and effect. This agreement shall be governed by the laws of State of Illinois.

By signing, I confirm that I have read this agreement in its entirety, understand it, and sign it voluntarily with full knowledge of its binding effect.

Signature: [Student Signature]

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