



**Javondlynn M. Dunagan**  
**1447 West 103rd St.**  
**Chicago, IL 60643**  
**773 614-8747**

**WWW.JMDDEFENSE.COM**  
**ILLINOIS CONCEALED CARRY CLASS**

**CLASSROOM INSTRUCTION & RANGE QUALIFICATION (16 hr. requirement)**

**21 & Older and valid FOID Card**

**SMALL CLASS SIZES (15 MAX)**



**Concealed Carry License information**

**Prior training credit up to 8 hours**

**Non-IL residents may be eligible**

**For further info: [www.ispfsb.com](http://www.ispfsb.com)**

**PRICE: \$200**

**Includes: 16 hr. Classroom instruction, B-27 target, range fees, light lunch on day one, and optional use of our agency SW22LR firearm and ammo for qualification.**

**On range day:** if you are using your own firearm, you will need 30 rounds of ammo (no hollow points). Bring an extra 30 rounds for an optional practice shoot prior to qualification.

**Firearms must be cased and unloaded.**

**WHAT TO EXPECT .....**

**\*Do not bring firearms or live ammo to class**

**Day One: 9 a.m. - 5 p.m.**

**Classroom Instruction (light lunch included)**

**Day Two: 9:00 a.m. - 5 p.m.**

**Classroom instruction and range qualification  
offsite shooting range for qualification test**

**RANGE RULES:**

**Eye and Ear protection are not included, but are available for purchase during the first day of class.**

**Please wear a hat with a brim, no dangling wrist jewelry, high heels, boots, wedges, or open toed shoes.**

**Cover your chest to avoid brass falling inside a shirt.**



**70% passing score required, 21 out of 30 needed to qualify, and rounds must strike the outline of the target to count.**

**10 rounds @ 5 yards**

**10 rounds @ 7 yards**

**10 rounds @ 10 yards**

**Instructors are NRA Certified Firearms Instructors & are approved by the IL State Police Firearms Services Bureau to conduct IL concealed carry firearms training. *\*If a student demonstrates behavior that suggests he/she is not taking the classroom or range instruction seriously, the student may be dismissed from the class or the gun range without a refund.* 5/2017**

**Cancellation Policy: No refunds, but you may reschedule for another class within one year without forfeiting payment. 5 day cancellation notice required or a \$25 fee will be assessed.**



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### IL CONCEALED CARRY CLASS REGISTRATION FORM

Name (Last, First, Middle) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_ FOID # \_\_\_\_\_ Exp date \_\_\_\_\_

Telephone # \_\_\_\_\_ DOB \_\_\_\_\_

Emergency Contact name \_\_\_\_\_ Phone no \_\_\_\_\_

Have you ever been to a shooting range? \_\_\_\_\_ Is this your first firearm class? \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*DO NOT WRITE BELOW THIS LINE (OFFICIAL USE ONLY) \*\*\*\*\*

Classroom Dates \_\_\_\_\_ and \_\_\_\_\_ Release/NDA signed \_\_\_\_\_

Prior Credit approved(Course) \_\_\_\_\_ Credit hrs \_\_\_\_\_ ID and Cert xeroxed \_\_\_\_\_

Range qualification date \_\_\_\_\_ Pistol Qualification: Pass \_\_\_\_\_ \*Fail \_\_\_\_\_ Score: \_\_\_\_\_/30

Certificate Issued: \_\_\_\_\_ Instructors signature \_\_\_\_\_ ID# \_\_\_\_\_

\*If a student fails to obtain a passing score of 21 out of 30 on the first try, he/she will get one additional attempt during the same range day/time. During the same qualification session, a second attempt will be at the instructor's discretion. If a third attempt is required, the student will be responsible for scheduling a new qualification date and pay a \$60 fee, which includes the instructor, and range fees.

*\*If a student demonstrates behavior that suggests he/she is not taking the classroom or range instruction seriously, the student may be dismissed from the class or the gun range without a refund.*



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### **RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

In consideration of participating in the class of learning proper use of firearms, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence ***JMD Defense & Investigations, LLC*** and its owners, directors, officers employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as “Releasees”), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that the firearms instruction involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, blindness, bruises or other injuries caused by firearms; injuries caused by other participants; medical conditions resulting from physical activity; and damaged property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney’s fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees’ facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.



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**By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.**

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

### **ALL CLASSROOM HANDOUTS/MATERIALS**

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Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Date \_\_\_\_\_