



# STUDENT INFORMATION SHEET

**PLEASE PRINT ALL INFORMATION CLEARLY THEN SIGN AT THE BOTTOM OF EACH PAGE.**

Full name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License/State ID # \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_/\_\_\_\_/\_\_\_\_

Course Name \_\_\_\_\_ Class Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Class Location \_\_\_\_\_  Male  Female

Emergency Contact Name & Phone # \_\_\_\_\_

Student Residence Address \_\_\_\_\_

\_\_\_\_\_

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

County \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Mailing Address (If different from above) \_\_\_\_\_

\_\_\_\_\_

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

County \_\_\_\_\_

E-Mail address \_\_\_\_\_

Occupation \_\_\_\_\_

NRA# (If applicable/optional) \_\_\_\_\_

How did you hear about Taylor Firearms and Training? (Check all that apply)  
 Ad (print)  Ad (radio)  E-mail  Friend  Other (please specify) \_\_\_\_\_

**IF YOU HAVE SPECIAL NEEDS** e.g., allergies, medications, or medical conditions, learning disabilities, physical disabilities that might adversely affect your participation in the classroom (up to eight or more hours), completing the written exam, or at the outdoor live-fire shooting range session (up to four or more hours), please let us know so that we can accommodate you. All information is confidential.:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Student printed name

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Parent/Guardian (if<18) printed name

\_\_\_\_\_  
Parent/Guardian (if<18) signature



# STUDENT'S STATEMENT OF PRIOR HANDGUN SHOOTING EXPERIENCE

Full name \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**PLEASE CIRCLE (ALL THAT APPLY) THE APPROPRIATE TRAINING (FORMAL AND NON-FORMAL) AND EXPERIENCE YOU HAVE HAD WITH FIREARMS.**

**TRAINING**

- |                         |             |                                       |                       |   |
|-------------------------|-------------|---------------------------------------|-----------------------|---|
| None                    | No Formal   | NRA First Steps Pistol                | NRA Pistol            | NRA PPITH   |
| NRA Defensive Pistol    | NRA PPOTH   | NRA Home Firearm Safety               | NRA First Steps Rifle | NRA Rifle   |
| NRA First Steps Shotgun | NRA Shotgun | Military (USA, USN, USMC, USAF, USCG) | Law Enforcement       | Commercial Schools (specify below—e.g., WPGC, Front Sight, Gunsite, etc.) |

What was your last training class, when (month and year or just year), and where? \_\_\_\_\_

**EXPERIENCE**

How often do you go to the range to practice?

- |       |        |             |              |             |
|-------|--------|-------------|--------------|-------------|
| Never | Seldom | 1 time/week | 1 time/month | 1 time/year |
|-------|--------|-------------|--------------|-------------|

When at the range, on average, how many rounds/cartridges do you shoot?

- |              |           |               |
|--------------|-----------|---------------|
| Less than 50 | 50        | 51 – 100      |
| 101 – 150    | 151 – 200 | More than 200 |

\_\_\_\_\_  
Student printed name

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Parent/Guardian (if<18) printed name

\_\_\_\_\_  
Parent/Guardian (if<18) signature



# STUDENT BACKGROUND SHEET

Full name \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**PLEASE READ AND ANSWER ALL OF THE FOLLOWING QUESTIONS CAREFULLY.  
CIRCLE YES OR NO AND/OR FILL IN THE BLANKS AS INDICATED.  
IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE SEE YOUR INSTRUCTOR.**

We ask for this information here for your protection as well as ours given that you will be handling a firearm during the training program. We reserve the right to refuse admission to any student, and/or ask student(s) to leave a class and/or range at any time in the event of a safety violation, security concern or inappropriate behavior.

1. Have you been treated for alcoholism within the past ten years or ever been involuntarily committed as an alcoholic? **YES NO**
2. Have you had two or more alcohol-related convictions within the past ten years? **YES NO**
3. Have you ever been convicted of perjury? **YES NO**
4. Are you currently the subject of either a criminal or civil restraining / protective order? **YES NO**
5. Are you under indictment or information (formal accusation of a crime by a prosecutor) in any court for a felony, or any other crime, for which the judge could imprison you for more than one year? **YES NO**
6. Have you ever been convicted in any court of a felony, or attempt or conspiracy to commit a felony, or any other crime for which the judge could have imprisoned you for more one year, even if you received a shorter sentence including probation? **YES NO**
7. Have you ever been adjudicated as a juvenile for a crime that would constitute a felony if committed by an adult or attempt or conspiracy to commit a felony, under any state law or federal law? **YES NO**
8. Are you a fugitive from justice? **YES NO**
9. Do you use, grow, or possess marijuana for medical or recreational purposes, or are you an unlawful user of, or addicted to any depressant, stimulant, or narcotic drug, or any other controlled substance? **YES NO**
10. Have you ever been convicted of the unlawful use of narcotics or controlled substances? **YES NO**
11. Have you ever been adjudicated mentally defective (which includes having been adjudicated incompetent to manage your own affairs) or have you ever been committed to a mental institution? **YES NO**
12. Have you ever been convicted in any court of a misdemeanor crime of domestic violence? **YES NO**
13. Have you ever been convicted of a crime of violence? **YES NO**
14. Have you ever been involved in any incident in which you have used unlawful violence or threats of unlawful violence? **YES NO**
15. Have you ever been discharged from the Armed Forces un dishonorable conditions? **YES NO**
16. Have you renounced your United States citizenship? **YES NO**
17. Are you an alien or non-citizen in the United States? **YES NO**
18. Are you an alien illegally in the United States? **YES NO**

**If you answered YES to one or more of question above, please explain on back of this page.**

Student initials \_\_\_\_\_





# FIREARMS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT

Full name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### PLEASE READ CAREFULLY AND FILL IN ALL BLANKS BEFORE SIGNING.

I, \_\_\_\_\_, hereby affirm that I am aware that owning, processing, storing, handling, and using a firearm (pistol, rifle, shotgun) or pneumatic gun has inherent risks which may result in serious injury or death and/or property damage. Initials \_\_\_\_\_

I understand that owning, processing, storing, handling, and using a firearm (pistol, rifle, shotgun) or pneumatic gun has inherent risks; including but not limited to serious bodily injury or death to myself or others and may cause damage to my or other person's property. I further understand that it may be necessary to travel to various firearm ranges (indoor or outdoor) which are necessary for training and certification and may be conducted at a site that is remote, either by time or distance or both from medical assistance. I still choose to proceed with such instructional training in the use of firearms in spite of the possible absence of medical assistance in proximately to the training site. Initials \_\_\_\_\_

I understand and agree that neither my instructor(s), *Taylor Firearms Training, LLC* and its instructors, officers, directors and executives, the facility through which I receive my instruction, nor any facility, any firearm range facility, nor the NRA, nor its affiliate and subsidiary corporations, nor any of their respective employees, officers, agents, contractors or assigns (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death, or damages to me, my family, estate, heirs, or assigns, or third parties that may occur as a result of my participation in this firearm training program or as a result of the negligence of any party, including the Released Parties, whether passive or active. Initials \_\_\_\_\_

In consideration of being allowed to participate in this firearms training, to include but not limited to receiving instruction, and use of classroom and range facilities, hereinafter referred to as "program," I hereby personally assume all risks of this program, whether foreseen or unforeseen, that may befall me while I am a participant in this program including, but not limited to, the academics and/or live fire range activities. Initials \_\_\_\_\_

In addition, I understand and agree that if I decide to use reloaded ammunition during the course of training despite its problematic nature (e.g., more likely to misfire, hangfire, squib load, exceed the pressure rating of my firearm causing it to rupture) or use +P or +P+ instead of standard factory ammunition I hereby assume all risks inherent, foreseen and unforeseen, with the use of reloaded and / or +P and +P+ ammunition, including but not limited to serious bodily injury or death to myself or others and may cause damage to my or other person's property. Initials \_\_\_\_\_

I further release, exempt, and hold harmless said program and Released Parties from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my enrollment and participation in this program including both claims arising during the program or after I receive my certification. Initials \_\_\_\_\_

I also understand that participating in firearm activities may be physically and/or psychologically strenuous and/or stressful and that if I am injured as a result of heart attack, panic, or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same. Initials \_\_\_\_\_

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand the terms herein are contractual and not a mere recital and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the un-enforceable provision had never been contained herein. Initials \_\_\_\_\_

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my injury or death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be stopped from claiming otherwise because of my representations to the Released Parties.

Initials \_\_\_\_\_

I, \_\_\_\_\_, BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE ALL LIABILITY WHATSOEVER, WHETHER INTENTIONAL, NEGLIGENT OR GROSSLY NEGLIGENT, FROM MY INSTRUCTORS, *Taylor Firearms Training, LLC*, AND THEIR INSTRUCTORS, OFFICERS, DIRECTORS AND EXECUTIVES, THE FACILITY THROUGH WHICH I RECEIVE MY INSTRUCTION, AND ANY FACILITY, ANY FIREARM RANGE FACILITY, THE UTAH DEPARTMENT OF PUBLIC SAFETY, THE ATTORNEY GENERAL AND THE OFFICE OF THE ATTORNEY GENERAL OF THE STATE OF KANSAS, THE NRA, AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE. THIS RELEASE IS INTENDED TO BE AS BROAD AND COMPREHENSIVE AS POSSIBLE UNDER COLORADO STATE LAW AND IS INTENDED TO COVER ANY ACTIVITY RELATED IN ANY MANNER IN MY FIREARMS TRAINING.

Initials \_\_\_\_\_

I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

Initials \_\_\_\_\_

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



# SAFE GUN HANDLING STATEMENT OF UNDERSTANDING

Full name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

This is a statement in which you are informed of established safe firearm (pistol, rifle, shotgun) handling practices. These practices also apply to pneumatic guns and have been compiled for your review and acknowledgment and are intended to increase your comfort and safety when handling any firearm (pistol, rifle, shotgun) or pneumatic gun. Your signature on this statement is required as proof that you are aware of these safe handling practices. Read and discuss the statement prior to signing. If you are a minor, this form must also be signed by a parent or guardian.

I, \_\_\_\_\_, agree to abide by the below minimum fundamentals for the safe handling of any firearm and any pneumatic gun.

1. **ALL** weapons must be treated as if they are always loaded.
2. **NEVER** let the muzzle of a weapon point at anything you are not willing to destroy.
3. **Keep your finger off the trigger and out of the trigger guard** until the sights are on the target and you are prepared to shoot.
4. **ALWAYS** be certain of the target and beyond.
5. Store guns so they are not accessible to unauthorized persons. A gun stored for any purpose other than personal protection should never be kept loaded in the home. Ammunition is stored in a secure place separate from guns. Only in unusual circumstances should a loaded gun be kept in the home, and then only if special care and precautions are taken (e.g., stored in a secure place (safe) where it is totally inaccessible to all unauthorized users (both children and adults).
6. Be sure the gun is safe to operate: know how to use the gun safely; and don't rely on a gun's safety mechanism—it can fail. Use it but don't substitute it for safe gun handling and following the three fundamental gun safety rules (numbers 1-3 above). **NEVER** pull the trigger to see if the safety is on.
7. Use only the correct ammunition for the gun.
8. Wear eye and ear protection as appropriate.
9. **NEVER** use alcohol or drugs (both legal and illegal) before or while shooting.
10. When cleaning any gun **ALWAYS** verify that it is unloaded and that there is **no live ammunition** in the area where the gun is being cleaned.

I have read the statements and have had any questions answered to my satisfaction. I understand the importance and purposes of these established practices. I recognize they are for my and others safety and well being, and that failure to adhere to them can place me and others in jeopardy when handling firearms or pneumatic guns. I further understand that the above constitutes only basic safety procedures and practices and is not a substitute for proper training and the application of additional safety rules depending on circumstances.

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Taylor Firearms Training

\_\_\_\_\_  
Name of Training Operation or Facility



# DRY PRACTICE RULES, AGREEMENT, AND RELEASE FROM LIABILITY

Full name \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## DRY PRACTICE RULES AND SAFETY

**DRY PRACTICE:** Dry Practice (aka “dry fire”) describes a practice session or exercise not involving ammunition—the firearm is completely unloaded. It allows you to practice the proper fundamentals in a safe manner. You cannot significantly improve your shooting skills through additional shooting and often the more you shoot, the worse you shoot. Your skills will improve and be maintained through perfect dry practice. The importance of dry practice cannot be over emphasized. **Remember practice does not make perfect; PERFECT PRACTICE MAKES PERFECT.**

Initials \_\_\_\_\_

Initial next to each number, indicating you have read, understand, and agree to abide by each rule.

1. Set a reasonable time limit for the dry practice session. Ten to fifteen minutes is optimal. Twenty minutes at any one session is the maximum for beneficial effect.
2. Designate a Dry Practice Area. Dry Practice should only be done in that area.
3. Unload your firearm. Unload all magazines. Unload all ammunition carriers.
4. Place all ammunition in an area (preferably another room) separate from the Dry Practice Area.
5. Place the Dry Practice Target in such a manner that in the event of a negligent discharge of the firearm, the bullet would be captured in the building material or travel in a direction that would not cause damage or injury. **NOTE: A standard wood and sheet rock wall will not capture a bullet. Bullets will travel through several walls, maintaining enough energy to severely injure or kill. Be sure of your backstop!** The Dry Practice Target should only be displayed when a Dry Practice session is taking place. Do not use the images on the television as dry practice targets as this violates rules 5 and 8.
6. Present firearm. Point in a safe direction that would sustain little-to-no damage in the event of negligent discharge and recheck to make sure firearm is unloaded. Double check magazines, magazines tubes, carriers, etc., to make sure they are free of any ammunition.
7. You are now ready to mentally enter the DRY PRACTICE SESSION. Concentrate on the Dry Practice Drills and avoid all distractions. If you experience any distraction, such as a phone call, knock on the door, question from another person in the room, etc., and immediately cease Dry Practice. If you decide to continue Dry Practice after the distraction, you must return to Step 1 and proceed through all steps.
8. After the last Dry Practice Drill is completed, you must mentally leave the Dry Practice Session. Immediately remove the Dry Practice Target. Leave the Dry Practice Area and say these words out loud, “I have completed my Dry Practice Session. The session is over.” **Do not allow yourself to think or say “one more time.”**
9. Place your firearm in the condition of your choice and review the four fundamental safety rules:  
**Rule 1: All weapons must be treated as if they are always loaded**  
**Rule 2: Never let the muzzle of your weapon point at anything you are not willing to destroy**  
**Rule 3: Keep your finger off the trigger and out of the trigger guard until your sights are on the target and you are prepared to shoot**  
**Rule 4: Always be certain of your target and beyond**

Initials \_\_\_\_\_

Initials \_\_\_\_\_

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**VOLUNTARY PARTICIPATION, ASSUMPTION OF RISK, RELEASE, AND HOLD HARMLESS**

I, \_\_\_\_\_ ACKNOWLEDGE THAT MY VOLUNTARY PARTICIPATION IN DRY PRACTICE ACTIVITIES REGARDLESS OF LOCATION ENTAILS KNOWN AND UNANTICIPATED RISKS WHICH COULD RESULT IN PHYSICAL OR EMOTIONAL INJURY, PARALYSIS, DEATH, OR DAMAGE TO MYSELF, TO PROPERTY, OR TO THIRD PARTIES. I UNDERSTAND THAT SUCH RISKS SIMPLY CANNOT BE ELIMINATED WITHOUT JEOPARDIZING THE ESSENTIAL QUALITIES AND BENEFITS OF FIREARMS TRAINING AND DRY PRACTICE WITH FIREARMS.

I HEREBY VOLUNTARILY RELEASE, FOREVER DISCHARGE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS *Taylor Firearms Training, LLC*, ITS INSTRUCTORS, OFFICERS, DIRECTORS AND EXECUTIVES, FROM ANY AND ALL CLAIMS, DEMANDS, OR CAUSES OF ACTION, WHICH ARE IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THIS ACTIVITY, THE FACILITY THROUGH WHICH I RECEIVE MY INSTRUCTION, AND ANY FACILITY, ANY FIREARM RANGE FACILITY, THE NRA, AND ALL RELATED ENTITIES FROM ANY AND ALL CLAIMS, DEMANDS, OR CAUSES OF ACTION, WHICH ARE IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THIS ACTIVITY, *INCLUDING ANY SUCH CLAIMS WHICH ALLEGE NEGLIGENT ACTS OR OMISSIONS OF MY INSTRUCTORS, Taylor Firearms Training, LLC, OR ANYONE ACTING ON THEIR BEHALF* SHOULD MY INSTRUCTORS, *Taylor Firearms Training, LLC*, OR ANYONE ACTING ON THEIR BEHALF, BE REQUIRED TO INCUR ATTORNEY'S FEES AND COSTS TO ENFORCE THIS AGREEMENT, I AGREE TO HOLD THEM HARMLESS FOR ALL SUCH FEES AND COSTS.

\_\_\_\_\_  
Releasor signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date