

Concealed Carry Registration Form

Option 1 Class \$100/ person

- KS / NRA Certified CCL Class
- KS Carry Permit Class Certificate
- Range Time

+ Shoot our Gun and Ammo (22LR)
Includes Rental, Ammo and Holster
(Optional) +\$15.00

Option 2 Class \$475/ person

- Training Class
- Kansas Conceal Carry Permit Class Certificate
- Range Time
- **Box of Class Ammo**
- **Box of Personal Defense Ammo**
- **+ Taurus GX4 9mm**

Includes GUN

CCL Certificate

Date of Class-

FAQ's:

- Lunch Break is 1hr (~12-1)
- New Shooters Welcome!
- 18+ year-olds Welcome!
- Are Belts Required?
 - YES, for your holster
- Can I Buy a Holster?
 - Yes, We Have many in-stock
- How Far Do I have to Shoot?
 - 3, 7, and 10 Yards (25rnds)

CLASS WILL START AT

8:30 am

(Doors Open at 8:20)

Will End Around 5:30p

DO NOT

Bring ANY Firearms in the Building

**** REQUIRED Items****

- ☒ Driver's License
- ☒ Pen
- ☒ Eye Protection
- ☒ Ear protection
- ☒ 25 Rounds of Your Ammo
- ☒ Firearm
(Any Caliber Semi-Auto Handgun)
- ☒ Holster for Your Gun
- ☒ Belt
- ☒ Closed Toe Shoes

LOCATION:

Wilson Firearms : 527 S Broadway Blvd. Salina, KS 67401

(Classroom is Only Accessible via Stairwell)

PLEASE DO NOT PARK IN THE SOUTH PARKING SPOTS



Concealed Carry Weapon class Application and Release of Liability

FIREARMS TRAINING, RANGE USE, ASSUMPTION OF RISK, RELEASE OF LIABILITY, AND HOLD HARMLESS AGREEMENT

I, the undersigned, voluntarily choose to participate in firearms instruction, concealed carry training, live fire exercises, and any related shooting activities conducted by Wilson Security Firearms & Tactical, LLC.

I understand that firearms training and shooting activities are inherently dangerous and involve risks that may result in serious bodily injury, permanent disability, property damage, emotional distress, or death. Such risks include, but are not limited to, accidental discharge, equipment failure, ricochets, hearing damage, eye injuries, negligence of myself or others, acts or omissions of instructors, range conditions, weather conditions, and the actions of other participants.

I knowingly and voluntarily assume all risks, known and unknown, associated with participation in firearms instruction, range activities, and shooting conducted before, during, and after any training course.

In consideration of being permitted to participate, I hereby release, waive, discharge, covenant not to sue, and hold harmless Wilson Security Firearms & Tactical, LLC, Wilson Security Solutions, LLC, all instructors, range safety officers, owners, officers, members, employees, agents, representatives, affiliated organizations, property owners, and range facilities from any and all claims, demands, causes of action, damages, losses, liabilities, costs, and expenses, including attorney fees, arising out of or related to any injury, death, illness, or property damage sustained by me while participating in firearms instruction, shooting activities, or while present on the premises, including claims arising from the negligence of any released party to the fullest extent permitted by law.

I agree to follow all classroom and range safety rules and all instructions provided by instructors and range safety officers. I understand that failure to comply with safety rules may result in my immediate removal from the class or range without refund.

I certify that I am legally permitted to possess and handle firearms under all applicable federal, state, and local laws. I further certify that I am not under the influence of alcohol, illegal drugs, or any medication that may impair my judgment or ability to safely participate.

I understand and agree that Wilson Security Firearms & Tactical, LLC is not responsible for loss of or damage to my personal property, including firearms, optics, ammunition, vehicles, or other equipment.

In the event of an emergency, I authorize emergency medical treatment as deemed necessary and accept full responsibility for any resulting medical expenses.

I understand that this agreement is intended to be as broad and inclusive as permitted by Kansas law. If any portion of this agreement is determined to be invalid, the remaining provisions shall remain in full force and effect.

This agreement shall be binding upon me, my spouse, heirs, executors, administrators, personal representatives, assigns, and estate.

I certify that I have carefully read this agreement, fully understand its contents, understand that I am giving up substantial legal rights, and sign it voluntarily and of my own free will.

Date Change Option:	More Than 4 Weeks Before Class	: N/C
	2 to 4 Weeks Before Class	: \$25.00
	Less Than 2 Weeks Before Class	: \$50.00
	Day Of Class	: \$75.00
	No Show	: \$100.00

OFFICE USE ONLY

____: Completed

____: Paid

Attended	Re-Scheduled	No-Show
	...Paid?	

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Signature of participant _____ Date _____

Your Full Name:	(REQUIRED)		
Email:	(REQUIRED)		
Address:	(REQUIRED)		
Date of Course:	(REQUIRED)	Birthdate:	(REQUIRED)
Phone Number:	(REQUIRED)	D/L Number:	(REQUIRED)



Option 1



Gun Rental



Option 2