

Concealed Carry Registration Form

Option 1 Class \$100/ person

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

Option 2 Class \$450/ person

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



Date of Class-

You Will Be Allowed 1 Hour for Lunch.
Salina offers a wide variety of choices.

**CLASS WILL START AT
8:30AM**

Will End Around 6:00p

DO NOT bring ANY firearms or ammunition.

Bring the following to Class:

- Driver's License
- Pen
- Eye Protection
- Ear protection
- 25 Rounds of 22LR
- **DO NOT bring ANY firearms**
 - **You will Shoot OUR Gun (22LR)**

LOCATION: Wilson Firearms : 527 S Broadway Blvd. Salina, KS 67401
(Classroom is Only Accessible via Stairwell)

Please Do Not Park in the Front Parking Spots



Concealed Carry Weapon class Application and Release of Liability

I, the undersigned, hereby acknowledge that I have voluntarily applied to engage in the activity of basic firearm instruction and live fire shooting.

I understand that the activity of firearm instruction and shooting involves numerous risks, including loss of control, ricochet, ignorance, neglect, and obstacles, whether obvious or not obvious. I further understand that others participating in firearm shooting, irrespective of their training and usual past behavior and characteristics may act or react unexpectedly or unpredictably at times, and I also assume such risks and consequences.

As consideration for voluntarily participating in firearm Training, I do hereby waive any claim and release Wilson Security Firearms & Tactical, LLC, instructors, and all owners, officers, members, affiliated organizations, range facilities, land owners, agents, and or employees for any injury or death caused by or resulting from my participation in the activity of firearm instruction and shooting.

This contract shall be legally binding upon my estate, assigns, my personal representatives, and me.

I have carefully read this agreement and fully understand the concerns. I am aware that I am releasing certain legal rights that I otherwise may have, and I enter into the contract on behalf of myself and/or my family of my own free will.

Furthermore, I affirm that I am 18 years of age or older, have not been deemed mentally incompetent by a licensed physician or by a legal judgment of a court of law.

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

OFFICE USE ONLY

____: Completed

____: Paid

____: Attended (R/S)



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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)