



Full Name: _____

Home Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ N. C. Drivers License Number: _____

Employing Agency: _____

Agency Address: _____

Sex: ____ Date of Birth: ____ Age: ____ Height: ____ Weight: ____

Do you have any health problems? Yes ____ No ____ Are you on any medication? ____

Briefly describe any health problems: _____

Person to be notified in case of emergency: _____

Relationship: _____ Phone(s) (1) _____ (2) _____

Type of Weapon: _____ Caliber: _____

(Brand name and Model Number)

WAIVER

Release from Liability and Assumption of Risk Agreement

1. Intending that this Agreement be legally binding upon, me, my heirs, executors, administrators, and assigns, I hereby waive, release and forever discharge Western Piedmont Community College and all of their agents, representatives, instructors, heirs, executors, administrators, successors and assigns, of and from any and all claims, demands, rights and causes of action whatsoever kind and nature, arising from, and by reason of any and all known and unknown, foreseen and unforeseen physical and mental injuries and consequences thereof, suffered by me during any and all Concealed Handgun Training activities.
2. In signing this release, I assert that (a) I am presently in good physical and mental health; (b) I have no reason to believe that I am not in good physical and mental health; (c) I am fully aware of, and do acknowledge and assume all risk of injury inherent in my participation in this training program; and (d) I have read and fully understand the terms and conditions of this agreement.

Signature: _____ Date: _____

Witness: _____ Date: _____