Dear Students,

Thank you for choosing Gibson City Concealed Carry for your training needs, we look forward to serving you. All classes will start at 8:00am at the Gibson City Range (unless otherwise posted), located at the 621 West 1st Street, Gibson City, at the intersection of Rte 47, Rte 9, and Rte 54 next to the Water Treatment Plant.

Students will need to bring their handgun, holster you intend to use to carry, and a minimum of 150 rounds of ammunition. Please indicate what dates you are wanting to attend class. Students also need to provide copies of training certificates, dd214, or military ID if signing up for an 8 hour class. Please fill out application, waiver, and fill in personal information on evaluation sheet and mail to 425 S Sangamon Avenue, Gibson City, IL 60936.

Safety is our number one goal. ABSOLUTLEY NO LOADED FIREARMS OR MAGAZINES ALLOWED IN THE CLASS ROOM. All firearms will remain in the case, until instructed to remove them by the instructors.

Thank You,

Anthony Row

Gibson City Concealed Carry

Firearms Training Registration Form

Name					
Last	First		Middle		
Address	City		State	Zip	
Phone	Date of Birth		Sex: M_	F	
Email Address	Desired Class Date				
FOID Number	FOID Expiration Date				
Select Course 16	Hour CCW	8 Hour CCW	3 Hour F	Renewal	
Experience Level:	No Experience _	Some	Very Exp	perienced	
By signing this applica	ation, I understand a	and agree to	the following:		
1.) Class fees, registration, 16 Hour, \$100 for 8 Hour, \$75		or to class date. Only	your payment holds you	ir reservation. Class is \$200 for	
I cancel at least 10 days prior	JCY: I understand that if my cl to class, ½ my fee is NON-REF cases will be handled on a case	UNDABLE. If I car		e applied toward another class. If not attend there is NO	
3.) GIBSON CITY CONCE may be terminated at any time REFUND.	EALED CARRY depends on ca e during the class if the staff dee	reful control of firea ems my cooperation	rms by each student, ther or behavior is unsatisfact	refore I understand my instruction ory. THERE WILL BE NO	
	oson City Concealed Carry is fo y student attending a class who				
5.) I will abide by any and a	5.) I will abide by any and all safety procedures of the Range and Gibson City Concealed Carry.				
6.) The undersigned shall p) The undersigned shall possess and produce a valid FOID card at the time of and before any class participation. (IL residents only)				
7.) The undersigned herel incorporated herein	oy agrees to all terms and con	ditions set forth in A	Appendix "A", a copy w	hich is attached hereto,	
Signature Date					

Make your check payable to Gibson City Concealed Carry and send it with your completed application and waiver to: Gibson Concealed Carry 425 S. Sangamon Avenue, Gibson City, IL 60936

RELEASE, WAIVER, INDEMNIFICATION, HOLD HARMLESS, AND ASSUMPTION OF THE RISK AGREEMENT

WHEREAS, in return for instruction in firearms, use of premises, and for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Undersigned agrees to the following:

The Undersigned agrees to indemnify, hold harmless, and defend the City of Gibson City, the assigned firearms instructors, staff, directors, officers, employees, or agents, from any and all fault, liabilities, cost, expense, claims, demands, or lawsuits, arising out of, related to or connected with: the discharge of firearms, the course of instruction, the Undersigned's participation in the course of instruction: the range, buildings, land and premises used for the course of instruction (hereinafter the Premises); the Undersigned presence on or the use of said premises; and any and all acts of omissions of the Undersigned. And should any such claim, demand or lawsuit arise or be asserted in any way whatsoever related thereto, weather arising under the laws of the United States or of any State, or under any theory of law or equity, the Undersigned will indemnify, hold harmless and defend the City of Gibson City from any and all cost, expenses, or liability including, but not limited to, the cost of any settlement or judgment made or rendered against Gibson City Concealed Carry, whether individually or jointly with the Undersigned, together with all cost of court and other cost or expenses incurred in connection with any such claim, demand, lawsuit, including attorney's fees.

The Undersigned furthermore waives for himself/herself and his/her executors, administrators, assignees, or heirs, any and all rights and claims for damages, losses, demands, and any other actions whatsoever, which he/she may have or which may arise against the City of Gibson City (including, but not limited to any and all injuries, damages, or illness suffered by the Undersigned or the Undersigned's property) which may, in any way whatsoever, arise out of, be related to or be connected with: the course of instruction; the Premises, including any latent defect in the Premises; the Undersigned's presence on or the use of said Premises; the Undersigned's property, and the discharge of firearms. The City of Gibson City shall not be liable for, and the Undersigned agrees, on behalf of himself/herself and his/her executors, administrators, assignees or heirs, hereby expressly release the City of Gibson City from any and all such claims.

The undersigned hereby expressly assumes the risk of entering the Premises and of taking part in activities on the Premises which include, but are not limited to, instruction in the use of firearms, the discharge of firearms, and the firing of live ammunition.

The Undersigned furthermore hereby acknowledges and agrees that he/she has read, understands and will at all times abide by all Gibson City Range rules and procedures.

Date

Note: Signing this form in voluntary. Participation in the training program is dependent on signing this form.

Gibson City Concealed Carry Student Evaluation

Name				
Last F	First	Middle		
Select Course:16 Hour	8 Hour _	3 Hour Renewal		
30 Round Qualification:				
5 Yard Line hits out of 10				
7 Yard Line hits out of 10				
10 Yard Line hits out of 10				
Total number of hits: out of 30				
Overall Percentage:	-			
Pass Fail				
Instructor	Stu	ıdent		
signature		signature		