



Student Registration and Liability Waiver

INSTRUCTIONS: Fill out each field completely, and return this registration form to your instructor.

Name: _____ Date: _____

Address: _____

City, County & State: _____ Zip: _____

E-Mail Address: _____

Release and Waiver of Liability:

The undersigned acknowledges that to the best of my knowledge, I am in good physical condition and fully able to participate in this course. I am fully aware of the risks and hazards connected with the participation in firearms, self-defense and physical training involves risk of serious personal injury, death, psychological trauma, and/or other personal and financial liability. The undersigned agrees to assume all risk and waives any and all claims of liability against Progressive Defense Group Inc, the instructor, or training facility for personal injury, death, psychological trauma, and/or other personal or financial loss. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in this course. I further certify that I am at least 18 years of age. If under 18, my parent/guardian is the below signed.

Print Full Name: _____

Signature: _____ Date: _____

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

I certify as follows:

- 1) that I am not and have never been the subject of a criminal or any other proceeding that prevents me from legally owning, handling or possessing firearms under Federal, State, and local laws; (applicable for firearms classes)
- 2) that I can lawfully own, handle and possess a firearm. (applicable for firearms classes)
- 3) that I am not an unlawful user of, or addicted to, marijuana, any depressant, any stimulant, any narcotic, any hallucinogenic, or any other controlled substance.
- 4) that I am not currently under the influence of any of the above nor under the influence of alcohol or any other drug, prescription or OTC that may impair my cognitive or physical ability.

Print Full Name: _____

Signature: _____ Date: _____

