



Five Star Carry Academy Permit to Carry Firearm Course

Registration Directions:

1. Fill out form
2. Sign and date
3. Send to Five Star Carry by email: info@fivestarcarry.com

or print and mail to: Five Star Carry Academy
315 Cedar Ave NW
Wadena, MN 56482

4. Pay using PayPal



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Registration

Name: _____	Today's Date: ___/___/___
Address: _____	City, State, Zip: _____
Phone: _____-_____-____	E-mail: _____
Gun you will be shooting: _____	Class Location: _____

Permit to Carry Waiver

I, _____, acknowledge that I am attending a course for instruction in firearms and that using firearms is potentially dangerous and involve risk of serious injury or death.

I agree to hold harmless 5 Star Carry Academy and their agents or employees or staff from any and all fault, liabilities, costs, expenses, claims, demands or lawsuits arising out of, related to or connected with my presence at and/or participation in the course of instruction or the rental of any handgun.

I agree that I will not attempt actions with a firearm during this course of instruction that exceed my training. Furthermore, I acknowledge and agree that I have read and understand and will at all times abide by all range rules and procedures and any other rules and procedures stated by the instructor.

I understand that I assume all danger and risk of loss, injury or damage incidental to the course for instruction in firearms, discharge of firearms or other activities during the course of instruction.

I certify that I have received the laws as they pertain to the permit I am applying for and I am allowed under law to possess a firearm.

Signature: _____	Today's Date: ___/___/___
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