



SHOOTER INFORMATION

Name: Last _____ First _____ M.I. _____

Address: *(if taking home defense course)* Street _____
City _____ State _____ Zip _____

Phone: Home _____ Cell _____ Work _____

Email: _____ **Website:** _____

Emergency Contact

#1- Name: _____ **Phone:** _____

Relationship: _____

#2- Name: _____ **Phone:** _____

Relationship: _____

T-Shirt Size: S M L XL 2XL

Classes interested in:

Circle ALL that apply:

Personalized Classes Home Defense Tactical Pistol Tactical Carbine Womens
Only Couples Class Youth Rimfire Concealed Carry Techniques
Other _____

Handgun Type Owned:

Circle ALL that apply:

Semi-Auto Revolver Other _____

Make: _____ Model: _____ Caliber: _____

Make: _____ Model: _____ Caliber: _____

Make: _____ Model: _____ Caliber: _____

Rifle Type Owned:

Circle ALL that apply:

Semi-Auto Bolt Action Other _____

Make: _____ Model: _____ Caliber: _____

Make: _____ Model: _____ Caliber: _____

Make: _____ Model: _____ Caliber: _____

Thunder Gun Range Member Yes / No

Creekwood Member? Yes / No

Shooters Station Member? Yes / No

NRA Member? Yes / No

USPSA Member? Yes / No

IDPA Member? Yes/ No

CHL Holder? Yes / No

Reload Ammo? Yes / No

Hand Dominant: Left / Right

Eye Dominant: Left / Right

Physical Challenges with Shooting *(i.e. amputations, paraplegic, physical weaknesses, paralysis, heart conditions, etc.)*

Emotional Challenges with Shooting *(i.e. anxiety, depression, claustrophobia, ADHD, PTSD, etc.)*

Perceived Shooting Weaknesses *(i.e. lack of speed, inconsistent accuracy, fear of weapons in general, etc.)*

Previous Shooting Experience *(including childhood instruction, hunting ventures, any military or law enforcement experiences, specialized training/schools and competitive shooting experiences)*

Personal Goals for Taking This Course *(i.e. learning how to shoot for the first time, correcting “bad habits” already learned, becoming a faster/more accurate shooter, creating a home safety plan, etc.)*

~It is my honor and privilege to help you achieve your personal goals, and even help you reach objectives you never even dreamed of! I am very pleased to offer you personalized, custom training and take that responsibility earnestly. Please do not hesitate to let me know how I can develop and tailor your specialized shooting needs to assist you in reaching your goals and beyond!

~Mike

WAIVER AND RELEASE OF LIABILITY
Paramount Firearms Training

State of _____
County of _____

I, (print) _____, a private individual, for and in consideration of the privilege of participating in any activity or event held by Paramount Firearms Training and in recognition that such participation involves certain inherent risk, and do hereby agree to assume the recognized risk of such participation, to include but not be limited to, personal injury, strains, fractures, partial and or total paralysis, hearing loss, eye injury, blindness, heat stroke, heart attack, lead contamination, and other ailments that could cause serious disability or death.

Furthermore, I hereby, intending to be legally bound, for myself, and successors and assigns, executors or administrators, waive and release forever all claims for damages against Michael Henss and Paramount Firearms Training and their instructors, administrators, employees, contractors, and/or agents in their public and private capacity from any and all injuries, losses, liabilities, claims, suites, demands, or cause of actions which may arise from my participation in the activity or event conducted described herein above.

I furthermore affirm that I have read and fully understand the following firearms safety rules:

Firearms Safety Rules:

1. All guns are considered loaded at all times.
2. Never point a firearm at anything you are not willing to destroy.
3. Keep your finger off the trigger until you are on target and ready to fire.
4. Be sure of your target and what is in front, around, and beyond it.

Signature X _____ Guardian X _____

Date _____

