

Ozark Shooters

LTC Basic Course Registration

Name of Course: Learn To Carry's LTC Basic Course
TAKE THIS COURSE TO QUALIFY FOR YOUR CCW PERMIT.

Course Fee: **\$99**
Special Discount 
(Standard Course Fee: \$125)

Date of Course: _____

Your Full Name: _____ Date of Birth: _____

Mailing Address: _____

City, State & ZIP: _____

County of Residence: _____ ← *Note: COUNTY, not COUNTRY*

Telephone Number: _____

Email: _____

Level of Experience:

- NO experience with guns at all
- No experience with handguns
- Some experience with handguns
- Experienced handgun shooter
- Competitive Shooter
- Military/Police Background

Emergency Contact: _____

Contact's Address: _____

City, State & ZIP: _____

Contact's Phone: _____

The 8-hour **LTC Basic Course** meets all of the training requirements to qualify under Missouri's CCW Permit law. The course runs from 8 am to approximately 5:30 pm. Please arrive at least 10-15 minutes early as the class starts *promptly* at 8 am. You will need to bring ear muffs or earplugs, shatterproof glasses, a semi-automatic pistol or a revolver, plus 40 rounds of ammunition (factory ammo only, no reloads). The gun must be in good working order. (Rental guns are available.) Forms and fee must be received prior to the day of the course; you will be registered when we receive this completed and signed registration form and *Waiver, Release and Covenant Not To Sue*, and course fee. "*Save me a spot!*" – Send an email to reserve your course date until you can get your paperwork to us.

Signature: _____ Date: _____

<p><i>COURSE HELD AT</i></p> <p>Ozark Shooters 759 US Hwy 65 Walnut Shade, Missouri 65771</p> <p>Phone: (417) 443-3093 Fax: (417) 443-0811</p> <p>Email: shoot4me@centurytel.net Website: www.OzarkShooters.com</p>	<p><i>COURSE PRESENTED BY</i></p> <p>Learn To Carry, LLC 2000 E. Broadway, Ste. 307 Columbia, Missouri 65201</p> <p>Phone: (573) 442-0337 Fax: (573) 442-6334</p> <p>Email: Tim@LearnToCarry.com Website: www.LearnToCarry.com</p>
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WAIVER, RELEASE AND COVENANT NOT TO SUE

IN CONSIDERATION OF Tim Oliver d/b/a Learn To Carry, and all those persons and firms who may be liable on his behalf, including the owner of the premises where the instruction is provided, permitting me to attend and participate in firearms training, I, on my own behalf and on behalf of my heirs, representatives, administrators and assigns, hereby waive and release any and all claims, demands, causes of action, suits and right I (or anyone on my behalf) might have against Tim Oliver or any of his agents, servants or employees, or the owner of the premises where the instruction is provided for any personal injury (including death), loss and damage to my property which I (or anyone claiming by or through me) may have against him or the owner of the premises where the instruction is provided, as a result of my participation in firearms training.

Further, I agree that I will not, nor will anyone acting on my behalf claiming by or through me, bring or maintain any suit in Court to assert any claim against Tim Oliver or any of his agents, servants or employees, or the owners of the premises where the instruction is being provided for any claim that I might have arising out of my participation in firearms training.

I UNDERSTAND THAT PARTICIPATING IN FIREARMS TRAINING INCLUDES LIVE-FIRE DRILLS AS WELL AS NON FIREARMS ACTIVITIES AND INVOLVES RISK OF PERSONAL INJURY OR DEATH AND I VOLUNTARILY ASSUME THOSE RISKS.

I have read and understand the foregoing provisions of this **WAIVER, RELEASE AND COVENANT NOT TO SUE**, and I have executed it voluntarily.

I recognize that Tim Oliver is not obligated to permit me to participate in firearms training and that he may discontinue my participation at any time and require me to leave the course.

I am at least 18 years of age and can legally possess handguns.

HOWEVER, NOTHING IN THIS INSTRUMENT SHALL PRECLUDE ME FROM PROCEEDING AGAINST ANY PERSON, FIRM OR CORPORATION OTHER THAN TIM OLIVER, HIS AGENTS, SERVANTS OR EMPLOYEES, OR THE OWNERS OF THE PREMISES WHERE THE INSTRUCTION IS PROVIDED FOR ANY CLAIMS, DEMANDS, CAUSES OF ACTION, SUITS AND RIGHTS THAT I MAY HAVE AGAINST SUCH OTHER PERSONS, FIRMS OR THE CORPORATIONS. The intent of this paragraph is to allow me to obtain a money judgment against any person or entity other than those named in this paragraph.

I DO NOT HAVE ANY DOUBT ABOUT THE MEANING OR CONTENT OF THIS INSTRUMENT AND ACKNOWLEDGE THAT I AM FREE TO CONSULT AN ATTORNEY PRIOR TO SIGNING IT.

WITNESS' SIGNATURE

X

STUDENT'S SIGNATURE

WITNESS' FULL NAME (Please Print)

STUDENT'S FULL NAME (Please Print)

DATE: _____