

## **\*\*\*Multi-State Concealed Carry Permit Course\*\*\***

Please fill out application form and mail it to the address below.

Make payable to **SSD Tactical Training**, and mail to P.O. Box 443 Ludlow, MA 01056.

Any questions contact us at 413-204-0592 or Email: [dw14mpoc@verizon.net](mailto:dw14mpoc@verizon.net)

Date of course: \_\_\_\_\_

Your Name: (Print clearly), \_\_\_\_\_

Date of Birth month/ day / year \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Occupation: \_\_\_\_\_

Address: Street & # \_\_\_\_\_

City, Town, Village \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Fee \$130.00 (Non-Refundable if you are a NO-SHOW)** Fee is required at least 1 week prior to start of class to hold your seat. **(Please pay using PayPal on our website. Service charge will apply)** (Must have 3 to run this class)

Release from liability and assumption of risk:

(1) Intending that this agreement is legally binding upon my heirs, executors, administrators, successors and assigns, I hereby waive release any photos taken/ posted on website and forever discharge SSD Tactical Training, and all of its agents, representatives, executors, administrators and assigns, any and all claims, demands, rights and cause of actions of whatsoever any kind and nature arising by reason of and any and all known and unknown, seen and unforeseen, physical and mental and consequences thereof, suffered by me during training activities held at:

Location: **100 Verge St. Unit #2. Springfield, MA.**

Program: **Multi-State Concealed Carry Permit Course**

(2) I am not a charged or convicted criminal and I have read and understand this document and its provisions. I understand that I will not be allowed to handle firearms in any class if I am under the influence of drugs or alcohol as defined by State law. Initial here X\_\_\_\_\_

(3) Note here any conditions or disabilities that may require special attention  
\_\_\_\_\_  
\_\_\_\_\_

(4) I have been given reasonable opportunity to ask questions on the topics discussed in the course and it was highly recommended to me that I further study and / or practice on the Firearms education provided be undertaken. I understand that I may be held personally liable for my actions and that ignorance of the law is never an excuse. I further agree to hold harmless and indemnify SSD Tactical training, and all his/her affiliates and associates.

(5) I further understand and agree that if SSD Tactical training or any of its Instructors believes that I pose any risk to themselves, members of the immediate class or general public by my actions or attitude, I will be immediately dismissed from the training without any recourse or refund.

Signature \_\_\_\_\_ Date: \_\_\_\_\_