

Metro Defense Training

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Minnesota Personal Protection Act Permit to Carry Class Registration Form

Complete and Return to: **Metro Defense Training**
PO Box 421211
Plymouth, MN 55442
Phone: 612.618.7430 or 612.385.9100

Please Print Full Legal Name: (as it appears on Drivers License)

NAME: _____ DL # _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: DAY _____ EVENING: _____

E-MAIL: _____

- NOTES:**
- 1. You must bring DL or State ID to class**
 - 2. Bring your handgun and 50 rounds of **Factory** ammunition (Leave in vehicle)**
 - 3. Handguns available for use if you do not own one. (Ask in advance)**
 - 4. Bring a bag lunch if you like. (30 min lunch break)**

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RELEASE, WAIVER, INDEMNIFICATION, HOLD HARMLESS, AND ASSUMPTION OF THE RISK AGREEMENT

WHEREAS, in consideration of being permitted to attend a course for instruction in firearms, for the instruction in firearms, for use of premises, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged. Undersigned agrees to the following:

Undersigned agrees to indemnify, hold harmless and defend Metro Defense Training and its instructors (hereinafter referred to as "INSTRUCTOR"), and/or its affiliates from any and all fault, liabilities, costs, expenses, claims, demands, or lawsuits arising **out** of .related to or connected with: Undersigned's presence at and/or participation in the course of instruction; the discharge of firearms by Undersigned; Undersigned's presence on or use of the range, buildings, land and premises("Premises"); and, any and all acts or omissions of Undersigned.

Undersigned furthermore waives for himself/herself and for his/her executors, personal representatives, administrators, assignees, heirs and next of kin, any and all rights and claims for damages, losses, demands and any other actions or claims whatsoever, which he/she may have or which may arise against Instructor (including but not limited to the death of Undersigned and/or any and all injuries, damages or illnesses suffered by Undersigned 01 Undersigned's property), which may, in any way whatsoever, arise out of, be related to or be connected with; the course of instruction; the Premises' including any latent defect in the Premises; Undersigned's presence on or use *of* said Premises; Undersigned's property (whether or not entrusted to Instructor); and the discharge of firearms Instructor shall not be liable for, and Undersigned, on behalf of himself/herself and on behalf of his/her executors personal representatives, administrators, assignees, heirs, and next of kin, hereby expressly releases the Instructor from any and all such claims and liabilities.

Undersigned hereby expressly assumes the risk of taking part in the course for instruction in firearms and taking part in the activities on the Premises, which include, but are not limited to, instruction in the use of firearms, the discharge of firearms and the firing of live ammunition.

Undersigned hereby acknowledges and agrees that Undersigned has read this instrument and understands its terms and is executing this instrument voluntarily. Undersigned furthermore hereby acknowledges and agrees that he/she has read, understands and will at all times abide by all range rules and procedures and any other rules and procedures stated by the Instructor.

Undersigned expressly agrees that this instrument is intended to be as broad and inclusive as permitted by law and that if any provision of this instrument is held invalid or otherwise unenforceable, the enforceability of the remaining provisions shall not be impaired thereby. No remedy conferred by any of the specific provisions of this instrument is intended to be exclusive of any other remedy, and each and every remedy shall be in addition to every other remedy now and hereafter existing at law or in equity or by statute or otherwise. The election of any one (01) more remedy hereunder by the Instructor shall not constitute any waiver of Instructor's right to pursue other available remedies. This instrument binds Undersigned and his/her executors, personal representatives, administrators, assignees, heirs and next of kin.

UNDERSIGNED: **Date:** _____

Signature

Print Name