

# Resolute Dynamics, LLC.

## Course Waiver Form

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

FOID Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

**Initial next to the following statements if they are true and correct and you agree.**

\_\_\_\_ I have not been convicted in any court for a felony, domestic battery, or any other crime that would prohibit me from owning or possessing a firearm. There is no state or federal law prohibiting me from possessing or owning a firearm. I have a valid Illinois Firearm Owner's Identification Card and I am over the age of 21.

\_\_\_\_ I am not under indictment or information for a felony, or any other crime, where the judge could imprison me for more than one year and I am not subject to an order of protection or any other court order that prohibits me from possessing a firearm.

\_\_\_\_ I do not use and am not addicted to marijuana, any controlled substance, or any other narcotic or medication that would affect my ability to make sound decisions or carry a firearm.

\_\_\_\_ I have never been adjudicated mentally defective or been committed to mental institution. See instructions on Form 4473 if any questions.

\_\_\_\_ I have not been discharged from the Armed Forces under dishonorable conditions.

\_\_\_\_ I understand that if I choose not to attend, fail to successfully complete the course, or am denied a concealed carry permit my payment will **not** be refunded.

\_\_\_\_ I agree not to hold Resolute Dynamics, LLC, any of its employees, affiliates, or any other individuals assisting in the teaching of the class liable for any injuries and/or death I may receive during the class.

\_\_\_\_ I understand that part of this course is the handling of a loaded firearm and the firing of firearms. I understand that I must obey all instructions and safety rules given by the instructor or any individual working on behalf of Resolute Dynamics, LLC while in the class and at the range. I understand that if I do not obey these instructions or safety rules I am subject to being dismissed from the class or the range and my **payment is non-refundable**. I also understand that for the class to run there must be 4 students signed up for Concealed Carry Courses. A minimum for any other courser is at the discretion Resolute Dynamics, LLC.

\_\_\_\_ I understand that class dates are subject to change. (I.E weather, class size, emergencies, etc. on very rare occasions)

\_\_\_\_ I agree not to hold Village of Warrensburg- Warrensburg Range located at 1900 W North St, any of its employees and affiliates liable for any injuries and/or death I may receive during the class.

I swear that the above is true and correct. I understand that if there is any change in my status to lawfully possess a firearm I must notify Resolute Dynamics, LLC in writing and that I may not attend the class. I understand and agree to the above statements and terms and conditions.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Witness: \_\_\_\_\_

Attach copy of FOID Card and/or State Driver's License or State Identification.