

INSTRUCTIONS FOR REGISTRATION:

1. IN PERSON

You can sign up in person by visiting Loudoun Guns, Inc. in Leesburg, VA.

2. BY PHONE

(540) 868-9044

3. EMAIL

Info@NVTactical.com

4. MAIL

PO BOX 96, Stephens City, VA 22655

Please use the following forms for registration. Please send a Check or Money Order payable to Northern Virginia Tactical, LLC. with the registration form. Because the class size is limited it is first come first serve and unless otherwise agreed upon your course slot is not secured until payment is received.

Participant Registration

Course: _____ **Date:** _____

Location of Class: _____

Name: _____

Residence Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: () _____ **Fax:** () _____

E-Mail Address: _____

Department: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: () _____ **Fax:** () _____

E-Mail Address: _____

Future Information Sent to: (Please circle one)

HOME or DEPARTMENT

IN CASE OF EMERGENCY (PERSON TO BE NOTIFIED)

Name: _____

Phone: _____

Relationship: _____

Waiver of Liability, Participation Release and Agreement

In consideration of permission to participate in a supervised training session with Northern Virginia Tactical, LLC. I _____, do hereby release Northern Virginia Tactical, LLC., and their directors, agents, officers, employees, contributors, contractors, instructors, sponsors or any other affiliate, which may include, but is not limited to, property owners, or facility owners from all liability which might arise from any loss, damage, injuries, or death which I might sustain, and any theft, unexplained disappearance, or damage which may befall me or any or all of my property while en route to, during, or en route from such said session. I am aware of the risks and hazards inherent upon such events, including, but not limited to, accidental discharge of firearms, loss of property through misplacement or theft, and death. I voluntarily assume all such risks. I further state that I have read the foregoing participation agreement and release, and freely enter into it on behalf of myself and my heirs, executors, administrators, next of kin, personal representatives, and successors.

This release shall be binding upon me and my heirs, executors, administrators, next of kin, personal representatives, and successors.

Full Name: _____

Address: _____

Phone: _____

Emergency Contact: _____

Signature: _____ Date: _____

Witness: _____ Date: _____