

Firearms Course Registration



Full Legal Name: _____
(must match Driver's License, ID, or FOID card)

City & State of Residence: _____ Date of Birth: _____

Emergency Contact

Name: _____ Phone Number: _____

I currently... ☐ HAVE a valid FOID card ☐ DO NOT have a valid FOID card

- ☐ I certify that I am not legally prohibited from possessing, owning, or handling firearms under federal, state, or local law. I am not subject to any orders of protection, felony convictions, or other disqualifying conditions.
- ☐ I understand that it is my sole responsibility to ensure compliance with all federal, state, and local firearm laws, including Illinois FOID requirements. The instructor and course provider make no representation regarding my legal eligibility.
- ☐ I certify that I am mentally and emotionally capable of participating in this course and that I am not a danger to myself or others. I do not suffer from any condition that would impair my judgment or ability to safely handle firearms.
- ☐ I agree to follow all safety protocols, instructions, and rules provided by the instructor(s) or range personnel. I understand that failure to comply will result in my removal from this course without a refund of any fees paid.
- ☐ I agree to treat all participants, instructors, and venue staff with respect, regardless of identity, background, or experience level. I understand that any behavior that makes another person feel unsafe, harassed, or unwelcome will result in removal from this course without a refund of any fees paid.

Signature: _____

Date: _____

Release and Waiver of Liability



Full Legal Name: _____
(must match Driver's License, ID, or FOID card)

The undersigned acknowledges that the reaction to, possession of, and/or use of firearms is potentially dangerous, and involves inherent and unavoidable risks; including but not limited to: of serious personal or bodily injury, accidental discharge, ricochet, misfire, equipment failure, hearing damage, eye injury, death, psychological trauma and/or emotional distress, and/or other personal and financial liability. The undersigned agrees to assume all risk and waives any and all claims of liability, whether known or unknown, foreseeable or unforeseeable.

To the fullest extent permitted by Illinois law, the undersigned knowingly, voluntarily, and expressly release, waive, discharge, and covenant not to sue Pink Pistols Chicago, its owners, officers, employees, contractors, volunteers, agents, and affiliates, collectively referred to as "the Released Parties", from any and all claims, demands, actions, or causes of action, including claims arising from the negligence of the Released Parties, whether passive or active, arising out of or related to their participation in this or any other courses offered by Pink Pistols Chicago.

Medical Authorization: In the event of an emergency, the undersigned authorizes the Released Parties to obtain medical treatment on their behalf. The undersigned agrees to be fully responsible for all medical expenses incurred as a result of their participation in this or any activity offered by Pink Pistols Chicago.

Indemnification: I agree to indemnify, defend, and hold harmless the Released Parties from any claims, damages, losses, liabilities, costs or expenses, including attorneys' fees, arising out of or related to my participation, including claims brought by third parties as a result of my actions.

Governing Law & Venue: This Agreement shall be governed by and construed in accordance with the laws of the State of Illinois. Any action arising out of this Agreement shall be brought exclusively in the state or federal courts located in Illinois.

Severability: If any provision of this Agreement is held invalid or unenforceable, the remaining provisions shall remain in full force and effect.

Waiver of Jury Trial: I knowingly waive my right to a trial by jury for any dispute arising out of this Agreement.

**I HAVE READ THIS AGREEMENT CAREFULLY AND
I UNDERSTAND THAT I AM WAIVING IMPORTANT LEGAL RIGHTS**

Signature: _____

Date: _____

Firearm Possession Eligibility Certification



Full Legal Name: _____
(must match Driver's License, ID, or FOID card)

I certify the following:

- ☐ I am at least 18 years old
- ☐ I am not prohibited from possessing firearms by federal, state, local, or other laws
- ☐ I am not addicted to narcotics
- ☐ I am not intellectually or developmentally disabled
- ☐ I have not been admitted, voluntarily or otherwise, as an inpatient or resident of a mental health facility for mental health treatment in the past five years
- ☐ I am not a person whose mental condition is of such nature that it poses a clear and present danger to myself, any other person, or the community
- ☐ I have not been convicted of a felony
- ☐ I am not subject to an existing order of protection
- ☐ I have not been convicted of a misdemeanor crime of domestic violence
- ☐ I have not been convicted of domestic battery, aggravated domestic battery, or a substantially similar offense in another jurisdiction
- ☐ I have not been adjudicated as a delinquent minor under the Juvenile Court Act of 1987 for the commission of an offense that if committed by an adult would be a felony
- ☐ I have not been convicted within the past five years of battery, assault, aggravated assault, violation of an order of protection, or a substantially similar offense in another jurisdiction, in which a firearm was used or possessed
- ☐ I am not an alien who is unlawfully present in the United States
- ☐ I am not an alien who has been admitted to the USA under a non-immigrant visa
- ☐ I have not been dishonorably discharged from the United States Armed Forces
- ☐ I have not renounced my United States citizenship

Signature: _____

Date: _____