

Critical Incident Strategies Registration Form

Name: _____

Street Address: _____

City, County, State, Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Course Requested: _____ Course Date(s): _____

Date of Birth: _____ United States Citizen: Yes _____ No _____

Prior Firearms Training: _____

Make, Model, Caliber that will be used in class: _____

By signing this application, I understand and agree to the following:

1. C.I.S. courses rely upon the careful control of firearms by each student, and such control depends upon the cooperation of its students; therefore, I understand that my instruction may be terminated at any time during the course if the instructor deems my cooperation or range safety unsatisfactory.
2. I will abide by any and all safety procedures required by C.I.S., and I agree to sign a statement releasing C.I.S. from any and all injury I may sustain during the training.
3. I will be at least 18 years of age at the time of class.
4. All applicable local, state, and federal laws will be adhered to.
5. Cancellation Policy: Cancellations made at least 14 days prior to the course will receive a full refund. Cancellations made less than 14 days prior to the course may

receive a 50% refund or a full credit for a future class of equal or lesser value.

“No shows” are not eligible for a refund or credit.

Sign:_____ Date:_____

-I have enclosed the following:

1. The completed application.
2. Class fee (check or money order) no less than 5 days prior to the course.

Make checks payable to: Critical Incident Strategies, LLC. P.O. Box 2597 Smyrna, TN
37167