

# LEARN TO CARRY

## Advanced CCW Course Registration

TYPE OR PRINT LEGIBLY

Your Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State & ZIP: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
FAX Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
  
Emergency Contact: \_\_\_\_\_  
Contact's Address: \_\_\_\_\_  
City, State & ZIP: \_\_\_\_\_  
Contact's Phone: \_\_\_\_\_  
  
Date of Course: \_\_\_\_\_  
Location or Region: \_\_\_\_\_  
Course Level: \_\_\_\_\_

**PLEASE NOTE!**  
You must have  
successfully  
completed our Basic LTC  
Course (or its equivalent)  
before taking  
Advanced CCW Courses.

*Courses are limited in size and are on a first-come, first-serve basis.*

**COURSE FEE is \$150 plus a \$20 range fee (\$170 total).**

Not included in the course fee is your ammunition (which you need to bring) or lunch (which is available on site). We will gladly accept your personal check, certified funds or wire transfers. We can also process credit cards (call us).

You will be registered for the course when we receive this form (completed and signed), the signed and witnessed WAIVER, RELEASE AND COVENANT NOT TO SUE, and total course fee. If you contact us by email, phone, or fax, we will hold a space for you until you get the required paperwork to us.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail this form, completed and signed, along with the signed and witnessed  
WAIVER, RELEASE AND COVENANT NOT TO SUE and course fee, to:

**LEARN TO CARRY, LLC**  
2000 EAST BROADWAY, SUITE 307  
COLUMBIA, MISSOURI 65201

Phone: (573) 442-0337

Email: [Tim@LearnToCarry.com](mailto:Tim@LearnToCarry.com)  
Website: [www.LearnToCarry.com](http://www.LearnToCarry.com)

Fax: (573) 442-6334

**WAIVER, RELEASE AND COVENANT NOT TO SUE**

IN CONSIDERATION OF Tim Oliver d/b/a Learn To Carry, and all those persons and firms who may be liable on his behalf, including the owner of the premises where the instruction is provided, permitting me to attend and participate in firearms training, I, on my own behalf and on behalf of my heirs, representatives, administrators and assigns, hereby waive and release any and all claims, demands, causes of action, suits and right I (or anyone on my behalf) might have against Tim Oliver or any of his agents, servants or employees, or the owner of the premises where the instruction is provided for any personal injury (including death), loss and damage to my property which I (or anyone claiming by or through me) may have against him or the owner of the premises where the instruction is provided, as a result of my participation in firearms training.

Further, I agree that I will not, nor will anyone acting on my behalf claiming by or through me, bring or maintain any suit in Court to assert any claim against Tim Oliver or any of his agents, servants or employees, or the owners of the premises where the instruction is being provided for any claim that I might have arising out of my participation in firearms training.

I UNDERSTAND THAT PARTICIPATING IN FIREARMS TRAINING INCLUDES LIVE-FIRE DRILLS AS WELL AS NON FIREARMS ACTIVITIES AND INVOLVES RISK OF PERSONAL INJURY OR DEATH AND I VOLUNTARILY ASSUME THOSE RISKS.

I have read and understand the foregoing provisions of this **WAIVER, RELEASE AND COVENANT NOT TO SUE**, and I have executed it voluntarily.

I recognize that Tim Oliver is not obligated to permit me to participate in firearms training and that he may discontinue my participation at any time and require me to leave the course.

I am at least 18 years of age and can legally possess handguns.

HOWEVER, NOTHING IN THIS INSTRUMENT SHALL PRECLUDE ME FROM PROCEEDING AGAINST ANY PERSON, FIRM OR CORPORATION OTHER THAN TIM OLIVER, HIS AGENTS, SERVANTS OR EMPLOYEES, OR THE OWNERS OF THE PREMISES WHERE THE INSTRUCTION IS PROVIDED FOR ANY CLAIMS, DEMANDS, CAUSES OF ACTION, SUITS AND RIGHTS THAT I MAY HAVE AGAINST SUCH OTHER PERSONS, FIRMS OR THE CORPORATIONS. The intent of this paragraph is to allow me to obtain a money judgment against any person or entity other than those named in this paragraph.

**I DO NOT HAVE ANY DOUBT ABOUT THE MEANING OR CONTENT OF THIS INSTRUMENT AND ACKNOWLEDGE THAT I AM FREE TO CONSULT AN ATTORNEY PRIOR TO SIGNING IT.**

\_\_\_\_\_  
WITNESS' SIGNATURE

X

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
WITNESS' FULL NAME (Please Print)

\_\_\_\_\_  
STUDENT'S FULL NAME (Please Print)

DATE: \_\_\_\_\_