

Mainville Sportsman Club

Handgun Usage, Safety, and General Knowledge Program

"Application and liability waiver" instructions

Fill out form below and mail to address at bottom of the page, please answer all questions and be sure to sign the waiver portion

NAME _____ Date of birth ____ / ____ / _____ Sex M / F (circle one)

Street _____ Make & caliber of gun _____

City _____ Phone # (_____) - _____

State _____ Zip _____ E-mail _____

To participate you must bring the following : Handgun, 150 rounds of ammunition (minimum), gun cleaning kit, bag lunch, signed waiver.
eye protection (safety glasses, prescription glasses are suitable),
hearing protection (headphone type preferred, but ear plug are acceptable)

There is a \$ 60.00 non-refundable fee for this program. It must be paid at time of registration.
It is an 8hr. Course, combining classroom and range time.

Date for the course is 27-Oct
Class spots will be reserved in the order in which they are received.

My signature on this document indicates that I understand that engaging in defensive pistol shooting activities constitutes my involvement in a dangerous activity with accompanying risks of personal injury or death and loss or damage of personal property, and I hereby voluntarily assume those risks. I am 21 years of age. Further, I agree that I, or anyone acting on my behalf, will not bring or maintain any suit in Court to assert any claim against the MAINVILLE SPORTSMAN CLUB, any of its officers, directors, or members for any claim arising from my participation in these activities.

SIGNATURE _____

DATE _____

I DO / I DO NOT hold a valid PENNSYLVANIA LICENSE TO CARRY FIREARMS
(please circle one)

For questions (570) 951-7105 only after 4 PM or on weekends

Make checks payable to Paul D'Angelo LLC and mail to:

Paul D'Angelo LLC
PO Box 855
Bloomsburg, PA 17815