

# Concealed Carry NOLA

Email to: [concealedcarrynola@cox.net](mailto:concealedcarrynola@cox.net) or bring to class



## Student Registration Sheet



Full legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number (mobile preferred): \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Handgun Caliber: \_\_\_\_\_ Handgun Make: \_\_\_\_\_ Handgun Model: \_\_\_\_\_

Describe prior shooting experience: \_\_\_\_\_

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How did you hear about us? \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Date of class: \_\_\_\_\_

Classes held regularly at:  
Concealed Carry NOLA  
1015 Central Ave., Suite 203  
Metairie, LA. 70001

[www.concealedcarrynola.com](http://www.concealedcarrynola.com)

**RELEASE, WAIVER, INDEMNIFICATION, HOLD HARMLESS,  
AND ASSUMPTION OF RISK AGREEMENT**

WHEREAS, in consideration of being permitted to attend a course for instruction in firearms, for the instruction in firearms, for use of premises, and for the good and valuable consideration, the receipt and sufficiency of which is hereby acknowledge, Undersigned agrees to the following:

Undersigned agree to indemnify, hold harmless and defend Concealed Carry NOLA LLC and David A. Newman or any assisting Instructors, herein after referred to as the "Instructor", from any and all fault, liabilities, costs, expenses, claims, demands, or lawsuits arising out of, related to or connected with: Undersigned; Undersigned's presence on or use of the range, building, land, and premises ("Premises"); and, any and all acts or omissions of Undersigned.

Undersigned furthermore waives for himself/herself and for his/her executors, personal representatives, administrators, assignees, heirs and any next of kin; any and all rights and claims for damages, losses, demands and any other actions or claims whatsoever, which he/she may have or which may arise against Instructor (including but not limited to the death of Undersigned and/or any and all injuries damages or illnesses suffered by Undersigned or Undersigned's property), which may in any way whatsoever arise out of, be related to or be connected with the course of instruction; the Premises, including any latent defect in the Premises; Undersigned's presence on or use of said Premises; Undersigned's property (whether or not entrusted to Instructor); and the discharge of firearms. Instructor shall no be liable for, and Undersigned, on behalf of himself/herself and on behalf of his/her executors, personal representatives, administrators, assignees, heirs, and next of kin, hereby expressly releases the Instructor from any and all such claims and liabilities.

Undersigned hereby expressly assumes the risk of taking part in the course for instruction in firearms and taking part in the activities on the Premises, which include, but are not limited to, instruction in the use of firearms, the discharge of firearms and the firing of live ammunition.

Undersigned hereby acknowledges and agrees that Undersigned has read this instrument and understands its terms and is executing this instrument voluntarily, Undersigned furthermore hereby acknowledges and agrees that he/she has read, understands, and will at all times abide by all range rules and procedures and any other rules and procedures stated by the Instructor.

Undersigned expressly agrees that this instrument is intended to be as broad and inclusive as permitted by law, and that if any provision of this instrument is held invalid or otherwise unenforceable, the enforceability of the remaining provisions shall not be impaired thereby. No remedy and each and every remedy shall be cumulative and shall be in addition to every other remedy now or hereafter existing at law or in equity or by statue or otherwise. The election of anyone or more remedy here under by the Instructor shall not constitute any waiver of Instructor's right to pursue other available remedies. this instrument binds Undersigned and his/her executors, personal representatives, administrators, assignees, heirs and next of kin.

\_\_\_\_\_  
Undersigned - Print Name

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

\_\_\_\_\_  
Signature

**By signing below, I the Undersigned acknowledge that the above mentioned Instructors, representative or representatives of Concealed Carry NOLA LLC have informed me that they are not Attorneys and that if I were seeking legal council that I should speak to an attorney.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date