



Class Application Form

Course Name _____ Course Date _____

Your Full Name _____ Today's Date _____

Street Address _____

City _____ State _____ Zip/Postal Code _____

Phone _____ Email _____

Date of Birth _____

Emergency Contact _____

First Name (for badge) _____

Primary Weapon

Make _____ Model _____ Caliber _____

Strong Side (circle one): Right / Left / Both

Secondary Weapon (If Applicable)

Make _____ Model _____ Caliber _____

I am bringing my own ammo (circle one): YES NO

I will be purchasing ammo from Rockwell Tactical (circle one): YES NO

NOTE: If you plan on purchasing ammo from us, please email sales@rockwelltactical.com at least **2 WEEKS** prior to the class date so that we can have the proper amount and caliber available for you.

PLEASE CHECK ONE AND PROVIDE THE INFORMATION REQUESTED

- I have enclosed a copy of my current driver's license or US passport AND either a copy of my CCW permit or a statement of no criminal history from a local law enforcement agency.
- I have enclosed a copy of my current active service with either a law enforcement agency or United States Armed Forces.
- I have attended a Rockwell Tactical class or approved equivalent and provided credentials within the last two years.

Credentials must be e-mailed to apply@rockwelltactical.com.

Failure to submit your credentials will result in your registration being held until all documentation is provided.



ROCKWELL TACTICAL GROUP Class Application Form

BY SIGNING THIS APPLICATION, I UNDERSTAND AND AGREE TO THE FOLLOWING:

That the credentials enclosed meet the requirements as outlined by Rockwell Tactical, and that I must positively identify myself as the same person certified in the credentials for enrollment.

That Rockwell Tactical operation depends upon the careful control of deadly weapons by each participant; therefore, I understand that my instruction may be terminated at any time during the course if my conduct is not deemed satisfactory at the sole discretion of the staff.

That I will abide meticulously by any and all safety procedures required At Rockwell Tactical.

That I indemnify Rockwell Tactical from liability for any injury which I may cause another during the course of the training program. I agree to release and hold harmless Rockwell Tactical for any and all injury that may occur to me in the course of training which is conducted with reasonable regard for safety. If I am found by staff to perform any unsafe act or vary from the safety regulations explained by Rockwell Tactical, I agree to immediately make my weapon safe and leave the Range. I acknowledge that the unsafe actions of any participant may put myself, staff or other participants in danger and I agree that the split-second application of physical force by staff towards a participant may be reasonable and necessary to prevent great bodily injury or death.

I will be at least 18 years of age at the time of my class OR will be accompanied by my parent or guardian.

CANCELLATION POLICY: I understand that if class is cancelled, my deposit is fully refundable. If I cancel at least 60 days prior to the first day of class, 1/2 of my deposit is refundable OR the full deposit can be applied to hold another available class. If I cancel with less than 60 days before the first day of class, my deposit is totally NON-REFUNDABLE, however; 1/2 of my deposit can be applied to hold another available class.

The total of the tuition and ammunition will be paid in full prior to the beginning of class.

Signature _____ Date _____

Witness _____ Date _____