

GRAY OPS FIREARMS SPECIALTY TRAINING, INC.

TACTICAL FIREARMS TRAINING

HANDGUN – CARBINE – SHOTGUN – PRECISION RIFLE - CCW

APPLICATION FOR TRAINING

FAILURE TO PROVIDE TRUE AND ACCURATE INFORMATION IN ALL FIELDS THROUGHOUT THIS PROCESS MAY RESULT IN A DELAY OR DENIAL OF YOUR REGISTRATION.

COURSE REQUESTED _____ **COURSE DATE** _____

To register for a course, complete the registration form and return it to Gray Ops FireArms Specialty Training, Inc. by either; e-mail, fax, or U.S. Mail. Please send one registration form per course and one application per attendee. This is a limited attendance program, so early registration is advisable.

Phone: (209) 479-3145

Mail: Gray Ops FireArms Specialty Training, Inc.

Email: ggray@gofast1.com

12080 Anthem Drive

Fax: (775) 357-8778

Sparks, NV 89441-5573

Name: _____
Last, First, Middle Initial

Address: _____
Number Street or PO Box

City: _____ **State:** _____ **Zip:** _____

Date of Birth: _____ **Drivers License Number:** _____

Phone Numbers: () _____ () _____ () _____
Home Work Cell

E-Mail: _____

EMERGENCY CONTACT: _____ **Phone Number:** () _____

Registration Terms & Conditions:

Payment: Tuition must be paid in full prior to final acceptance and attendance at any course. Payment may be made by money order, cashier's check, or credit card. Money orders/ Cashier's checks must be made payable, in US Dollars, to Gray Ops, Inc. All payments should be sent to: Gray Ops, Inc, 10280 Anthem Drive, Sparks, NV 89441.

Admission: Upon receipt of the completed registration form, Gray Ops, Inc will send you confirmation immediately prior to the start of the program in the form of a Welcome/Acceptance Letter. You may enclose a deposit of 50% of the courses cost with the understanding the balance is due on the day of course prior to receiving any training.

Cancellation / Refund Policy: To receive a refund, less a 50% tuition penalty, notify Gray Ops in writing at least twenty-one (21) days prior to the start of the training program. A full tuition penalty is charged for unattended courses, or courses canceled less than 7 days prior to their start date. Gray Ops will allow a one (1) time roll over to another course, to include the tuition penalty.

All Gray Ops training programs are subject to cancellation and students will be notified no later than five (5) days prior to the start of the course. Gray Ops is not responsible for any expenses incurred by the applicant, other than tuition, in the event that Gray Ops has to cancel a training program. In such an event, students may either receive a full tuition refund or apply all funds to future course dates. If funds are applied to future course dates, once course dates are chosen, any cancellation on the part of the student will be subject Gray Ops' normal cancellation policy.

Right to Refuse Training: Due to the serious and sensitive nature of the training that Gray Ops provides, we reserve the right to refuse training to anyone. We reserve the right to refuse admission to any person who does not meet our eligibility requirements, has a felony or violent misdemeanor conviction, or a record of mental instability.

Student Conduct: A student will be terminated from training immediately for any of the following reasons: failure to follow instructions, reckless or dangerous behavior, failure to attend training sessions, falsifying any information given to Gray Ops, or objectionable behavior in or out of class settings. Readmission will take place at the sole discretion of the Gray Ops Administration.

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Applicant agrees to the following: I certify that I have read and understand all Registration Terms & Conditions of this Registration Form. I further certify that I have never been convicted of a felony or violent misdemeanor. Further, I am not under any criminal indictment that would legally prevent me from receiving this training. I also understand that this form must be completely filled out or it will not be processed.

Print Name: _____
Please Type or use Ink Only

Signature: _____ Date: ____/____/____

Referred by: _____

Weapons Training:

Firearms you will be bringing to this training course:

CCW Applicants New or Renewals please list all information on the handguns you'll have listed on your permit.

Handgun: New Permit 4 Hour Renewal Issuing Jurisdiction: Choose an item.
Make: _____ Model: _____ Caliber: _____ Ser #: _____

Rifle:
Make: _____ Model: _____ Caliber: _____

Shotgun:
Make: _____ Model: _____ Caliber: _____

ADDITIONAL INFORMATION:

Certificates are normally presented at the end of successful completion of each training course. How would you like your name to appear on your certificate? Print neatly please. Same as shown on face of application.

Other: _____

RELEASE OF LIABILITY FOR APPEARANCES

IN CONSIDERATION of being permitted to participate in any way in the training and instruction being offered by Gray Ops Inc, I, **THE RELEASOR**, hereby understand and knowingly acknowledge, appreciate and agree that:

1. Record, edit, use, reproduce and distribute in television, print and all other media (whether now known or hereafter developed) the picture and sound material of myself taped by or for Gray Ops, and
2. Use my picture, voice, name, likeness, and biographical data in publicity and advertising concerning any such use of the material.

I agree to hold Gray Ops and its licensees and affiliates harmless from any liability resulting from my statements and action on the tape and I release Gray Ops from any claims that I may have at any time related to use of the rights granted above.

I understand that Gray Ops is under no obligation to broadcast, print or use in any way any of the material in which I appear. I have given nothing of value to Gray Ops for the right to appear. I am over the age of 18 and have read and understand this Release. I further agree that I will not have the right to seek injunctive relief to enjoin or restrain your exercise of the right granted in this letter.

RELEASOR'S Name: _____
Print Name

RELEASOR'S Signature: _____ Date Signed: ____-____-____
Sign Name

ADMIN USE ONLY: Full Payment Received Date: _____
Weapon(s) Inspected by: _____ Date: _____

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RELEASE OF LIABILITY AND ASSUMPTIONS OF RISK AGREEMENT

IN CONSIDERATION of being permitted to participate in any way in the training and instruction being offered by Gray Ops, Inc., I, THE RELEASOR, hereby understand and knowingly acknowledge, appreciate and agree that:

1. I, (print name) _____ , understand that is training program is physically and mentally intense. I understand that I must, at all times, follow the instructions of any and all training personnel. If I observe any unusual or unnecessary hazards during my participations, I will bring such to the attention of the training staff as soon as practical; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK, EVEN IF ARISING FROM THE ORDINARY OR GROSS NEGLIGENCE OF THOSE PERSON RELEASED FROM LIABILITY BELOW, AND ASSUME ALL RESPONSIBILITY FOR MY PARTICIPATION IN SAID TRAINING AND INSTRUCTION; and
3. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, FOREVER RELEASE, HOLD HARMLESS AND PROMISE NOT TO SUE GRAY OPS, INC., THE OWNERS AND LESSORS OF ANY PREMISES, VEHICLES OR EQUIPMENT USED TO CONDUCT THE SUBJECT TRAINING AND INSTRUCTION, THEIR DIRECTORS, OFFICERS, INSTRUCTORS, AGENTS AND/OR EMPLOYEES ("releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER CAUSED BY THE ACTIVE OR PASSIVE NEGLIGENCE OF THE RELEASES OR OTHERWISE.
4. This Training Program may involve simulated, full contact self-defense situations, and the use and discharge of non-lethal projectile training weapons (example: Simunitions, AirSoft, and paint guns), and traditional weapons and/or firearms by the class members and instructors. Such weapons, vehicles and equipment will be used in various situations and locations. I am fully aware of the inherent risk of injury associated with the activities and equipment involved with such training and instruction, including the potential for permanent disability and death, and while particular protective equipment and personal discipline will minimize this risk, the risk of serious injury does exist;
5. I understand and agree that this RELEASE OF LIABILITY AND ASSUMPTIONS OF RISK AGREEMENT covers each and every training session and/or simulation in which I participate or attend.
6. I HAVE READ AND FULLY UNDERSTAND THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND UNDERSTAND THAT, BY SIGNING MY NAME BELOW, I FREELY AND KNOWINGLY GIVE UP IMPORTANT LEGAL RIGHTS.

RELEASOR'S Name: _____
Print Name

RELEASOR'S Signature: _____
(Must be signed in ink only) Sign Name

Date Signed: _____ - _____