Date / /

Course Name and Date:

**STUDENT** **INFORMATION** **FORM**

GR Tactical, LLC

Students First Name: Last Name:

Current Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_

Previous Firearms Experience: \_\_\_\_\_\_\_\_\_\_\_

Medical Conditions/Allergies (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:

By Signing My Name Below, I acknowledge that I have read and agree to the terms on the GRT CORP WAIVER AND ASSUMPTION OF RISK. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_