

L7 Adventures, Inc. must receive payment in full at the time of application. L7 Adventures, Inc. reserves the right to deny training to anyone for any reason. In the event that an application is not accepted, the course fee will not be due and any fees paid will be promptly refunded in full.

APPLICANT INFORMATION

Full Legal Name _____
Date of Birth _____ Drivers License Number _____
Current Address _____ City _____ State _____ Zip Code _____
Occupation _____ Home Phone _____ Work Phone _____

EMAIL ADDRESS

(PLEASE PRINT CLEARLY. Needed to send your confirmation. Please look for email from: L7AdventuresInc@gmail.com)

Person to contact in the event of an emergency _____ Phone _____
Name as you wish it to appear on your course certificate _____
List most recent training courses, with dates of attendance _____

COURSE SELECTION

Please indicate the course you are applying for:

- Pistol Fighter 6-hr class on September 9, 2023
- Semi-Auto Rifle 6-hr class on September 10, 2023
- Emergency Preparedness 3-hr class on September 8, 2023 in the evening

We accept cash, check, credit card, or Venmo. Make check payable to L7 Adventures, Inc.

STATEMENT OF NO CRIMINAL RECORD, MENTAL ILLNESS, OR SUBSTANCE ABUSE

By my signature on this application, I state that I have no criminal convictions, am not currently under indictment or prosecution for any offense, and am not wanted for questioning or arrest by any law enforcement or government agency. I further state that I have no history of mental illness or substance abuse. I understand that my training may be terminated at any time during the course if my actions are not deemed appropriate by L7 Adventures instructors. Upon arriving at the course, I agree to sign a document releasing L7 Adventures, Inc. from any liability that may occur during or after the course of training.

Applicant's Signature _____ Date _____

CHARACTER WITNESS STATEMENT

The following Character Witness Statement must be completed and signed by a respected member of the applicant's community who has known the applicant for at least five years, preferably someone that is not part of the immediate family if possible.

I _____ certify that I have known _____ for at least five years
Character Witness full, legal name Applicant's full, legal name
and can attest to the good, moral character of the applicant. I have no knowledge of any criminal activity, mental illness, or substance abuse by the applicant. I recommend applicant for training in the use of deadly weapons without hesitation or reservation.
Character Witness Signature _____ Date of Birth _____
Current Address _____ City _____ State _____ Zip Code _____
Occupation _____ Work Phone _____ Home Phone _____