



handgunTM safety course

Name: _____

Address: _____

Phone: (_____) _____

Date of Birth: _____ / _____ / _____

Driver License Number / State: _____ / _____

Check / Money Order Enclosed: YES / NO \$25.00

By signing this form, you give permission for Russellville Police Department to perform a background check to ensure you have never been convicted of a Felony in any state. If you have been convicted of a Felony you will not be allowed to participate in this course. You also understand you must be 18 years of age to participate in this course. You will also Hold Harmless, The City of Russellville, Russellville Police Department, Franklin County Sheriff Department, Franklin County Commission, all employees, and or representatives thereof, from any liability due to injury, damage, or loss of life, or property.

Signed: _____

Please return this form to:

Russellville Police Department
P.O. Box 1000
Russellville, Alabama 35653