



**Mercyhurst Citizen's Safety Academy-please circle the course you are applying for:
Handgun Familiarization, Situational Awareness, Active Countermeasures, ACT 235**

Personal Information

Name: _____
(Last) (First) (MI)

Address: _____

City: _____ State: _____ Zip: _____

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

Sex: _____ Email: _____

Physical Condition/History

Are you taking any prescribed medication(s)? Yes No Any Allergies? Yes No

Name and Reason _____

In the event of an emergency, who should be notified?

Name: _____ Relationship: _____ Phone: _____

2015 – 2017 Release

The undersigned does hereby state that he/she has personal knowledge and full realization that studying citizen safety programs may involve the use of weapons, firearms, self-defense strategies and legal standards. This training may contain an element of risk of injury to the undersigned. Therefore, now being an adult over the age of 18 (eighteen) years of age, for himself/herself and his/her heirs, assigns, executors, administrators, or other personal representatives, in consideration of the aforementioned facts, releases Mercyhurst University from any and all claims for injuries and damages resulting or arising in whole or in part from engaging in the study, training and activities of citizen safety courses including, but not limited to, any such injuries and damages resulting from a negligent or willful act or failure to act on the part of Mercyhurst University, its owner(s), agents, instructors, servants, and/or employees.

Your Signature: _____ Date: _____

CITIZEN FIREARMS COUSE AND ACT 235 ONLY!

- ⇒ Have you ever been involuntarily committed to a mental health facility? (Yes or No)
- ⇒ Have you ever been convicted of a felony? (Yes or No)

Please photo copy your driver's license and concealed weapons permit (if you have one) and attach them to this application.

I hereby authorize the Mercyhurst University Public Safety Institute to verify any and all information contained on this application through whatever means they deem necessary. I will accept any consequences in event of findings of false information.

Your Signature: _____ Date: _____

Please send payment (made out to: Mercyhurst University) and applications to: Dr. Art Amann, Mercyhurst North East, 16 West Division St., North East, Pa., 16428