



ORANGE COUNTY SHERIFF'S OFFICE &
ORANGE COUNTY PARKS AND RECREATION DEPARTMENT

Concealed Carry Class Information

Registration: Participants must be 21 years or older, and must either be an Orange County, VA resident or work in Orange County. Registration will take place at the Orange County Parks & Recreation Office. Pre-registration is required at least 2 weeks before class date, no exceptions. Classes may be cancelled if not enough registrations are received. The registration fee for the class is \$30. Please note that some documents require Notarization, so it is recommended to complete registration materials in the Parks & Rec. office, where several Notaries are available. The Parks & Recreation office is located at: 146 North Madison Road, Suite 205, Orange, VA 22960.

Class Location: Orange County Sheriff's Office Range
Address: 17167 Mountain Track Road, Orange, VA 22960

Class Time: 9:00 a.m. to approximately 1:00 p.m.

Dress Attire: Pants, Closed Collar Shirt, Closed Toed Shoes, Appropriate for Weather Conditions

Attendees Must Bring:

1. Handgun (Semi-auto or Revolver) in good working condition (No rust, weld spots, pits)
2. 25 Rounds of ammunition for your handgun that is approved by the manufacturer (Ex. Some .38 Revolvers are only rated for .38s and some are rated for .38+p, which is a high power round. If the correct ammunition isn't used, the firearm could blow up)
3. Eye and Ear Protection
4. Hat with a Brim

*No firearms or ammunition will be allowed in the classroom upon arrival. Please keep items in your vehicle until instructed to retrieve them.

*Attendees can bring drinks, snacks, etc. for the classroom portion. Facility is very primitive; there will be a portable bathroom, but no running water on site.

*Each participant must demonstrate safe handling and have the physical ability to successfully load, chamber, and fire 25 rounds from their handgun.

*Please Note: Completion of this class DOES NOT grant a concealed carry permit. Completion of this class fulfills the handgun competence requirement for the permit application. Participant must still apply for the permit through clerk of the circuit court of the county or city in which he or she resides.



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Application for Concealed Carry Class

Full Legal Name: _____

Address: _____

Street

Apt. #

P.O. Box #

City

State

Zip Code

Phone Number: _____, _____, _____

Home

Cell

Work

Date of Birth: _____ Last 4 of S.S.N. _____
Month/Day/Year

Email: _____

Notice:

It is the policy of the Orange County Sheriff's Office to request criminal background checks for applicants of Concealed Carry training.

Have you ever been convicted of a felony, domestic violence law, or been committed to a mental health institution for treatment that would prohibit you from owning or being in possession of a firearm?

No, _____ Yes, _____ If yes, explain: _____

I hereby give permission for the Orange County Sheriff's Office to complete a criminal background check prior to class.

I also certify that the information and answers given are true and complete to the best of my knowledge.

Signature

Date



**ORANGE COUNTY SHERIFF'S OFFICE &
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Concealed Carry Liability Waiver

I, _____, the undersigned participant request voluntary participation in the Orange County Sheriff's Office & Orange County Parks and Recreation Department Concealed Carry Class on _____ which is hereinafter referred to as the "activity".

I consent to my participation in the activity and acknowledge that I fully understand my participation may involve risk of serious injury or death. Including losses which may result not only from my own actions, inactions or negligence, but also from the actions, inactions or negligence of others, the condition of the facilities, equipment or areas where the event or activity is being conducted, and /or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and instructors, before I sign this document and before the activity begins. Furthermore, I agree to use my personal insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume responsibility for all risks and dangers associated with my participation in the activity. I agree I am financially responsible for any losses resulting from my actions and will indemnify the County of Orange, the Officers, Constitutional Officers, directors, employees, volunteers, and agents of each of them, and any other participants for any loss or damage caused by myself or others during this activity.

In consideration of my participation in the activity, I hereby waive all claims or causes of action against the County of Orange, the Officers, Constitutional Officers, directors, employees, volunteers, and agents of all of them, arising out of my participation in the activity and hereby release, hold harmless, and discharge the County of Orange, the Officers, Constitutional Officers, directors, employees, volunteers, and agents of all of them from all liability in connection therewith except such loss or damage which was caused by the sole negligence or willful misconduct of the County of Orange, the Officers, Constitutional Officers, directors, employees, volunteers, and agents of each of them.

I have read this release of liability agreement and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against the County of Orange, the Officers, Constitutional Officers, directors, employees, volunteers, and agents of each of them is knowingly given up in return for allowing my participation in the activity. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators and assigns.

Student Signature

Date

UNITED STATES OF AMERICA
STATE OF
COUNTY OF

On this _____ day of _____, 20____ before me, _____, a notary public, personally appeared before me, _____, personally known to me to be the person whose name is subscribed to this instrument, and acknowledged they executed the same.

Signature of Notary Public
My commission expires:
My commission number is: