

# MADISON SOCIETY FOUNDATION, INC CCW TRAINING CHECKLIST



This checklist is provided to assist you in preparing for the California Concealed Weapons (CCW) class conducted by the Madison Society Foundation.

Without the following completed documentation and mandatory items, you will not be permitted to attend the class.

## **Completed and printed documentation is mandatory for at the time of class check in.**

The forms are intended to be completed online, printed, and submitted for class records. If you are unable to complete these required documents, please contact us at [\(209\) 318-5730](tel:2093185730).

### **Accuracy of the Serial Numbers for each weapon(s) is critical and is solely your responsibly.**

- Completed Concealed Carry Weapons Course Registration form with the weapons listed.
- Completed Range Qualification Record for your County with the weapons listed
- Signed Madison Society Foundation Release of Liability.
- Signed Oakdale Sportsmen's Club Release of Liability.
- Completed and signed medical treatment consent form.
- Completed and signed Photo – Image - Video – Voice Release form.
- Valid Government Issued Photo Identification.
- A copy of your registration receipt

## Classroom Instruction

Whether or not you currently hold a valid California Concealed Weapons Permit you are advised that **no firearms will be brought into the classroom at any time!** While on the grounds of the Oakdale Sportsmen's Club all firearms must be kept **unloaded** with the exceptions of the Rangemaster, Range Safety Officers and Oakdale Sportsmen's Club Staff as permitted. It is advised that you secure your weapons in your vehicle until directed by the training Volunteers.

All Applicants must check in and present the required documentation to attend the class training/lectures. Without the completed documentation you will not be permitted to attend the class.

All CCW issuing agencies mandate attending a minimum of 16 hours of formal instruction for Initial Applicants and 4 hours for Renewal Applicants.

Class Instruction/Lectures are held in the Oakdale Sportsmen's Club indoor facility. The Madison Society Foundation is a guest in this facility, and we request that it is treated as such. You may be asked to assist with setup or clean up and we ask that you do so as gracious guests.

**On arriving at the Oakdale Sportsmen's Club please park along the south hill (Left side as you enter).** There may be club members attending other functions and we would like to prevent any inconveniences.

As the information presented is proprietary recording video, voice or sound of the classes is expressly prohibited. Copying the training information and taking notes is acceptable. Asking questions is encouraged.

Please do not use your cellphone for calls or texting during the lectures. It is both distracting and rude. If you must make or take a call quietly leave the facility and return when your call is complete.

It is recommended that prior to attending training you review the information contained in the [California Firearms Laws Summary \(revised 2016\)](#) and all supplements. Printing a copy is highly recommended. It can be found at:

<https://oag.ca.gov/sites/all/files/agweb/pdfs/firearms/pdf/cfl2016.pdf>

## Range Day for Qualifications

Again, on arriving at the Oakdale Sportsmen's Club please **park along the south hill (Left side as you enter)**. There are normally club members attending other functions and your vehicle may become blocked in preventing you from leaving.

While checking in **your firearms must be unloaded and secured in a range bag!** Place your range bag along the wall as instructed by our Volunteers. Then proceed to the Check-in table and prepare to listen to the Range Safety instructions. When directed, get your range bag, and proceed to the Safety Table so your weapons can be inspected.

## Mandatory Equipment for All Range Qualifications

As with attending the class portion of the training the Applicant is responsible for bringing the items listed below. Failure to have all mandatory equipment will result in the applicant not being permitted to shoot for qualification that day.

- Each Handgun you intend to qualify with. If they are not on your application and Range Qualification Record, they will not be permitted.
- One 50 Round box of new factory produced ammunition for each weapon. Full metal jacket ammunition is preferred. (Loose Ammo in boxes or bags and reloads are not acceptable for range qualifications)
- 4 magazines or speed loaders for each weapon
- A holster (for each weapon if necessary - Outside the waistband, NO cross draws, NO purses, NO fanny packs.).
- Functional Hearing Protection
- Eye Protection – Z87 level eye protection level preferred.
- Hat with a bill. Full brimmed hats are okay if they do not interfere with Hearing and Eye Protection.
- Belt sufficient to hold the holster and firearm.
- A range bag capable of holding all the above.
- Comfortable closed toe shoes or boots. NO flip-flops, sandals, or heels.

## Highly Recommended Equipment for Range Qualifications

- Magazine pouch(s)
- Electronic hearing protection (with fresh batteries)
- Sunscreen and/or sunglasses
- Clothing layers. We advise to be prepared for any type of weather, we will be on the range RAIN or SHINE. Please make sure you can tuck in your garments so there is no interference with the gun or holster. Pants should have belt loops and pockets. Gloves may be worn, as well.
- A POSITIVE Attitude!

# Concealed Carry Weapons Course Registration Form



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

City or County of Application: \_\_\_\_\_

## For Renewals Only: Current CCW Information

Date of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Local Agency #: \_\_\_\_\_ CII #: \_\_\_\_\_

Make	Model	Caliber	Serial Number

I certify that the information provided is true and correct.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CCW Class and Range Day Medical Treatment Authorization and Consent



Due to the nature of firearm training I acknowledge the associated risk of accidental injury. Furthermore, I grant the Madison Society Foundation Volunteers the authority to treat any injury sustained by me within the scope of the individual rendering first aid's medical and first aid training and capabilities. I further grant the Madison Society Foundation volunteers the authority to summon and assist as necessary or request Emergency Medical Staff and resources in the treatment of any injuries I may sustain.

Acknowledging that volunteers of the Madison Society Foundation and representatives of the Oakdale Sportsmen's Club are acting within the capabilities of their training and desire to render appropriate first aid, regardless of my state of consciousness, I hold them harmless in all actions and authorize them to treat me as necessary.

- DNR** order is active and in place.
- I do not** Consent to any First Aid Treatment

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Madison Society Release of Liability



Print Your Full Name: \_\_\_\_\_

1. I hereby and forever RELEASE AND DISCHARGE the Madison Society and its employees, officials, instructors and agents, whether paid or volunteer, from any and all liabilities, claims, demands, or causes of action that I or my heirs, successors or assigns may hereafter have for injuries and damages arising out of participation in firearms activities and certification at any and all premises whatsoever, including, but not limited to losses caused by the passive or active negligence of the released parties or hidden, latent, or obvious defects in the premises or equipment used.

2. I understand and acknowledge that activities involving firearms and shooting involve the use of deadly weapons and have inherent dangers that no amount of care, caution, instruction or expertise can eliminate, and I expressly and voluntarily assume all risk of death and personal injury sustained while participating in this certification class, including the risk of passive or active negligence of the released parties, or latent or hidden or obvious defects in the equipment or premises used.

3. I acknowledge that I have been given the opportunity to read this entire document and that I have been told that I may take the opportunity to have it reviewed by my attorney. By signing this RELEASE, I acknowledge that I have read the foregoing and agree with the same, and do so with a full understanding that by signing it, I have released the Madison Society, the designated range, its employees, officials, instructors and agents, whether paid or volunteer, from all liabilities, claims, demands or causes of action that I or my heirs, successors or assigns may hereafter have for injuries and damages arising out of participation in firearms activities and certification in conjunction with this course.

I declare under penalty of perjury that this is true and correct, that I give this release freely and voluntarily, and that this declaration was executed in Stanislaus County, California.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CCW Class and Range Day

## Photo ♦ Image ♦ Video ♦ Voice Release Form



I, \_\_\_\_\_, hereby grant permission to the Madison Society Foundation and Oakdale Sportsmen's Club, the rights of my image, in video or still, and of the likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration during the course of training conducted by the Madison Society Foundation. I understand that my image may be edited, copied, exhibited, published, or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area. I further understand that due to the proprietary nature of the course of instruction that I will not record voices, images, still or video by any means or methods and may be subject to civil and criminal penalties for failure to comply.

Photographic, audio or video recordings may be used for ANY USE which may include but is not limited to Presentations, Courses, Online/Internet Videos, Media (including Social media), or News (Press) releases.

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be used, released, or distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this release, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational or promotional purposes.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Range Qualification Record

## Stanislaus County and Surrounding Agencies



**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The student is solely responsible for entering the gun data in a legible accurate manner. Without this form being completed by the Applicant and submitted at registration they will not be permitted to participate in the range qualification.

Make	Model	Caliber	Serial Number

### For Rangemaster Use Only

\_\_\_\_\_ Verified Serial Numbers on weapons listed above.

\_\_\_\_\_ Demonstrated Safe Function of the Firearm

Distance	Number of Rounds	Time	Target	Gun #1	Gun #2	Gun #3	Gun #4	Gun #5
30 feet	12 rounds		CM					

\_\_\_\_\_

Range Master

\_\_\_\_\_

Date





## Oakdale Sportmen's Club

### **WAIVER OF LIABILITY, RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK AND HOLD-HARMLESS AGREEMENT FOR PARTICIPATION IN HAZARDOUS ACTIVITIES**

I \_\_\_\_\_, for and in consideration of permission to enter onto the land and into the buildings and premises of the OAKDALE SPORTSMEN'S CLUB, (hereinafter O.S.C), for the purpose of firearms use, shooting of firearms, observing the shooting of firearms, and/or any and all purposes whatsoever; do voluntarily, unconditionally, and expressly, for myself, my heirs, executors, administrators and assigns, by this instrument forever:

1. Release, discharge, waive, and relinquish any and all actions or causes of action for personal injury, emotional distress, property damage, or wrongful death, and any other cause of action whatsoever, which may hereafter arise as a result of my engaging in, or being present at activities held on the land or in the buildings and premises of the O.S.C.; and

2. Promise and covenant not to sue; and hereby voluntarily release, waive, discharge, and relinquish any action(s) or cause(s) of action which may hereafter arise for myself and/or for my estate; and do further agree that under no circumstances will I or my heirs, executors, administrators, and/or assigns prosecute or present any claim for personal injury, emotional distress, property damage or wrongful death against O.S.C. or any of its officers, agent servants, members, guests, or employees for any cause of action whatsoever, whether the same arises by the negligence of any of said persons or otherwise; and

3. Agree that in the event any claim(s) for personal injury, emotional distress, property damage, or wrongful death shall be presented against O.S.C., and/or its officers, agents, servants, members, guests, and employees, including volunteers, for my benefit or that of my heirs, executors, administrators, or assigns, then I shall immediately indemnify and hold harmless the O.S.C. and/or its officers, agents, servants, members, guests, and employees, including volunteers, from and for and all such claims or causes of action whatsoever, by whomever or whatever made or presented including subrogation and/or derivative claims brought by any third party or insurer, which I may cause; and including, but not limited to claims for personal injuries, emotional distress property damage, and wrongful death.

4. I agree that the foregoing waiver, release and hold-harmless agreement is to be interpreted under the laws of the State of California, and that it is intended to be construed broadly, so as to provide a waiver, release and hold-harmless agreement to the maximum extent permissible under law; and that if any portion thereof is held invalid by a Court of competent jurisdiction, that the balance of the same shall continue in full legal force and effect. |

5. I acknowledge that I have been fully and completely advised of the potential for serious accidents incidental to the engaging in, observing and being in the proximity of firearm activities, including the potential for death, personal injury, emotional distress and property damage to myself and/or third parties. I understand and acknowledge that activities involving firearms and shooting involve the use of deadly weapons and have inherent dangers that no amount of care, caution, instruction or expertise can entirely eliminate without jeopardizing the essential qualities of the activity. My participation in these activities is strictly voluntary, and I elect to participate in spite of these risks. I therefore expressly and voluntarily assume any and all risk of death, personal injury, emotional distress and property damage sustained while on the land and/or in the buildings and premises of the O.S.C. including the risk of passive or active negligence of the released parties, or latent, hidden or obvious defects in the equipment or premises used, and further expressly agree to assume all risks of loss, damage or injury whatsoever, that I or my property may sustain, and hereby release O.S.C. from any and all liability and negligence resulting in damage to property, personal injuries or death.

6. Should it be necessary to institute legal proceedings to enforce this agreement, I agree to pay all costs, plus reasonable attorney's fees connected with every aspect thereof.

7. I understand that this is a legal document, and that by signing this document I agree that if anyone, including myself is hurt or any property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to present a lawsuit against the O.S.C. and/or its officers, agents, servants, members, guests, and employees, including volunteers, on the basis of any claim from which I have released them herein.

8. I AM AWARE THAT THESE ACTIVATES ARE HAZARDOUS ACTIVITIES AND THAT I COULD BE SERIOUSLY INJURED OR EVEN KILLED. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

9. I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE READ THE ABOVE, AND VOLUNTARILY SIGN THE SAME, BEING AWARE OF THE LEGAL CONSEQUENCES THEREOF; THAT THE FOREGOING IS TRUE AND CORRECT; AND THAT THIS RELEASE WAS EXECUTED ON THE DATE \_\_\_\_\_ FIRST BELOW WRITTEN, AT OAKDALE, CALIFORNIA

Participant's Signature \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_