

Grimes Parks & Recreation Department

Telephone: (515) 986-2143

www.grimesiowa.gov

CITY OF
GRIMES



Concealed Weapons Class at GCC

Program Description:

This class is taught by Doug Beavers of Dallas Center. There will be 2 hours of gun safety: gun safety, proper gun care, proper ammunition, and basic shooting form. As well as 2 hours of learning the Law: Iowa codes, morals and ethics, selecting the right firearm for you, different forms of concealed carry. Must be able to pass a background check performed by the sheriff. No permits will be issued at this class, it will fulfill the required training. This class has a maximum of 70 participants and pre-registration is required.

Who: Adults ages 21+

Where: Grimes Community Complex Cafeteria
410 SE Main Street in Grimes

Days: Thursday-February 26, 2015

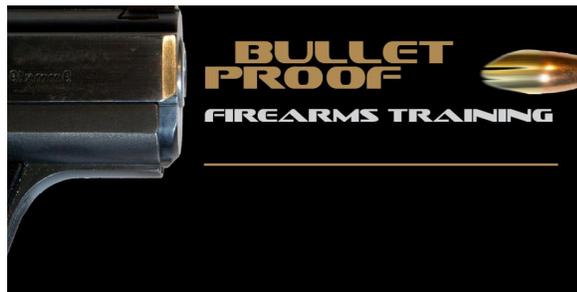
Time: 6:00pm – 10:00pm

Instructor: Doug Beavers, Certified Instructor
bulletproof5seven@gmail.com or call 515-480-2505

Questions: Brett Barber, Grimes Parks & Recreation Director
at bbarber@ci.grimes.ia.us or at 986-2143.

To Register: Bring in registration and payment made out to "Bullet Proof" or mail payment and registration to Grimes Parks and Rec Office, Attn: Concealed Weapons Class, 410 SE Main Street in Grimes, Iowa 50111. No online registration available.

Cost: \$50 per person, pre-registration required.



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2015 Concealed Weapons Class

PARTICIPANT'S NAME: _____ DOB: _____ AGE: _____

STREET ADDRESS: _____ CITY: _____ ZIP CODE: _____

EMAIL: _____ PHONE: _____

I would like to be added to the Grimes Parks and Rec Email List: YES NO ALREADY ON LIST

Cost is \$50 per person. Payments must be made out to Bullet Proof.

Release and Indemnification Agreement:

I hereby request that you accept my application for registration in this Grimes Park and Recreation Department program. With consideration of your acceptance of my application, I hereby release the City of Grimes, its employees, and the coaches and volunteers associated with this program from all claims which may arise in the event I am injured in an accident that occurs while participating in this program. I further agree to indemnify the City of Grimes, its employees, and the coaches and volunteers associated with this program for any claim, which may hereafter be presented on behalf of me as a result of any such injuries. I hereby acknowledge that it is my responsibility, not the responsibility of the City of Grimes, to provide medical insurance coverage in the event I desire to have medical insurance coverage for me while I participate in this particular activity. I will also allow pictures of myself during this program to be used only for the marketing purposes of future Grimes Parks and Recreation programs.

Signature of Parent or Guardian

Date

Payment: Cash \$ _____ Check # _____

