



# SPALDING COUNTY SHERIFF'S OFFICE

*Darrell Dix, Sheriff*

**Tony Thomason, Chief Deputy**

## **Citizen's Introduction To Firearms Class**

### **Student Application and Course Information**

**Class Date**

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**Class Times**

**0900 hrs – 1600 hrs**

**(9 a.m. – 4 p.m.)**

**Classroom Location**

**(Morning):**

**Spalding County  
Sheriff's Office  
401 Justice Blvd  
Griffin, GA 30224**

**Range Location**

**(Afternoon):**

**Shoal Creek Range  
575 Shoal Creek Road  
Griffin, GA 30223**

**FOR QUESTIONS OR TO RETURN COMPLETED APPLICATION CONTACT  
MRS. JULIE SHORB**

**770-467-5463 or [jshorb@spaldingcounty.com](mailto:jshorb@spaldingcounty.com)**

*For official Use Only*

**Date/Time Received** \_\_\_\_\_ / \_\_\_\_\_  
**Criminal History Check Date/Time** \_\_\_\_\_ / \_\_\_\_\_  
**SCSO Approval:** \_\_\_\_\_

## Overview of Course and Event

The introduction to firearms class is designed for the person that has little or no experience with firearms. Topics such as firearms laws, when and where to carry, use of deadly force, and marksmanship fundamentals will be covered and discussed. The students will get a chance to fire a weapon under the guidance of a firearms instructor and will be given instruction on proper marksmanship fundamentals.

Please review the following:

1. Please review and fill out the application form in its entirety. Mistakes may prevent participation in the date scheduled.
2. Class members must be at least 18 years of age. Acceptance of applicants is at the discretion of the Spalding County Sheriff's Office.
3. All applicants will be subject to a criminal history check as a precondition to acceptance into the class.
4. The Sheriff of Spalding County has final approval of all applicants and reserves the right to deny entry to any applicant. Accepted applicants will be notified by email and/or phone.
5. The class has a fee of \$35.00 (cash only, due at the time of application) which includes ammo in the following calibers: 38 Special, .40 cal., 9 mm, .380 ACP, and .22 Long Rifle. If you have a gun in a different caliber, please bring at least 25-50 rounds of ammunition. You can provide your own firearm or there will be guns available for you to use.
6. Dress for class is casual. However, being outdoors in the afternoon, please dress appropriately for weather conditions (rain, heat, cold, etc.). Additionally, please do not wear any low-cut shirts, tank-tops, or open toe shoes. In the event of thunderstorm activity with lightning, or the chance of snow, the class will be re-scheduled. Sunscreen and insect repellent are a personal choice but recommended.
7. Qualified applicants who are denied admission due to class size will be given opportunity to attend the next class.
8. **Firearms are not allowed in the classroom and must always remain secured in your vehicle until you are instructed to retrieve them.**
9. You are not to handle any firearms behind the firing line until your instructor informs you that it is safe to do so at the range.



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## Citizen's Introduction to Firearms Class APPLICATION FOR ENROLLMENT

(Please print or complete all areas legibly.)

**Last Name:**

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**First Name:**

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**Middle Name:**

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**Preferred Name:**

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**Date of Birth:**

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**Driver's License Number:**

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**DL State:**

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**Address:**

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**City:**

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**State:**

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**Zip:**

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**Phone:**

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**Email:**

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## RELEASES AND AGREEMENTS

By initialing in the box to the left, and signing at the end of the document, I agree to the terms under each section.

	<b>FIREARMS AND RANGE TRAINING LIABILITY RELEASE</b>
<b>Initial above</b>	<p>The undersigned (herein referred to as "Participant") acknowledges that he/she is freely and voluntarily participating in firearms and range training with and under the supervision of Spalding County Sheriff's Office or their designated instructor staff. This participation consists of classroom, live-fire handgun skills, and exposure to the elements.</p> <p>Participants acknowledges that there are risks of serious injury, damage, or death inherent in participating in firearms and range training and the risk of said serious injury, damage or death cannot be totally eliminated. These risks may include but are not limited to, ear/eye damage, gunshot wounds, muscle injury and broken bones. Knowing the risks and danger of the activities in which Participant desires to participate, Participant freely and voluntarily accepts and assumes all the risks of injury, damage, or death to a person or property arising out of or related to Participant's participation in firearms and range training.</p> <p>In consideration of Participant being allowed to participate in firearms and range training, Participant does release and shall hold harmless Spalding County Sheriff's Office from any loss, claim, suit, award, or judgement for injury, damage, or death to person or property arising out of or related to Participant's participation in firearms and range training. This release shall cover injuries or damage resulting from all actions or omissions that are negligent or are negligently performed.</p> <p>As a further consideration for Participant's being allowed to participate in firearms and range training, Participant agrees to indemnify and hold harmless Spalding County Sheriff's Office and any employee, volunteer, or trainer from any claims or actions whatsoever for damages, compensation, or otherwise, including attorney's fees and costs that may occur due to the live-fire handgun skills, and exposure to the elements.</p> <p>Participants understand that discussion on matters of law is not legal advice and should not be construed as such. Seek an attorney for legal advice.</p> <p>Participants further understand that portions of the class may be photographed and/or videoed. These images will be the property of Spalding County Sheriff's Office. They may be used for training and/or marketing purposes.</p> <p>In witness whereof, Participant has read the above, fully understands its provisions, and signs the Release and Indemnity Agreement as of the date of this document. The Indemnity provisions of this agreement are intended to remain in full force and effect in perpetuity.</p> <p>This release and indemnity agreement is made and entered into in Spalding County, Georgia.</p>

	<b>SAFETY RULES</b>
<b>Initial above</b>	<ul style="list-style-type: none"><li>- A Range Master must be present during firearms training.</li><li>- Do not load your weapon until you are on the range and the Range Master or Instructor instructs you to do so.</li><li>- Treat all weapons as loaded.</li><li>- Never point your weapon at anyone unless DEADLY FORCE is justified.</li></ul>

	<ul style="list-style-type: none"> <li>- Know your muzzle direction 100% of the time.</li> <li>- All participants have the responsibility to shout [<i>designated word</i>] if they observe any unsafe act(s).</li> <li>- Keep your finger off the trigger until ready to fire.</li> <li>- Be sure of your target and backstop. Know where your round will go in the event of a miss or a through and through shot.</li> <li>- Eye, ear, and ballistic protection must be properly utilized while on the range. If you have your own, please bring it with you.</li> <li>- Follow all commands and instructions by the designated range officers and/or instructors.</li> <li>- No horseplay on the range. No guns should be handled until instructed to do so.</li> </ul>
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	<b>REMOVAL FROM THE FIREARMS COMPLEX</b>
Initial above	<p>Any participant may be removed from the firearms complex for any of the following:</p> <ul style="list-style-type: none"> <li>- Violation of the safety rules.</li> <li>- Pointing the muzzle of any weapon at anyone, whether intentionally or unintentionally. Participants will utilize the low ready position with handguns and long guns; and</li> <li>- Repeated violations of technique, demonstrating an inability to perform under stress. The participant will be removed as a safety liability.</li> <li>- If any range officer feels that you, or your actions, present a safety concern you will be removed from the range.</li> </ul>

	<b>PARTICIPATION STATEMENTS</b>
Initial above	<ul style="list-style-type: none"> <li>- I am not currently on any medication that would inhibit my ability to function safely on the firing range.</li> <li>- I am not a convicted felon.</li> <li>- I have not been diagnosed with a mental disorder that would disqualify me from owning or using a firearm.</li> <li>- I will not consume any alcoholic beverages or medication that would inhibit my abilities within 8 hours of attending this course.</li> </ul>

	<b>PHOTO, VIDEO, AND AUDIO RECORDING RELEASE</b>
Initial above	<ul style="list-style-type: none"> <li>- I grant the Spalding County Sheriff's Office the right to create, by any means, photographs, videos, and audio recordings of me.</li> <li>- I also agree that the Spalding County Sheriff's Office may use such photographs, videos, and audio recordings of me for any lawful purpose, to include, but not limited to, the purpose of publicity, illustration, advertising, and website content.</li> <li>- By initialing to the left and signing at the end, I agree that I have read and understand the content of this release.</li> </ul>



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## CRIMINAL HISTORY REQUEST FORM

Please complete all areas legibly. If not completed legibly the Criminal History will not be done.

History needed for: SCSO Citizen's Firearms Class (Purpose Code C)

I am requesting a copy of the Criminal History record information pertaining to the following individual:

**FULL NAME (PRINTED)**

**ELECTRONIC/WRITTEN SIGNATURE OF PERSON**

**ADDRESS**

**CITY/STATE/ZIP**

<b>SEX</b>	<b>RACE</b>	<b>DATE OF BIRTH</b>	<b>SOCIAL SECURITY NUMBER</b>

**By typing my name in the field above labeled "Electronic Signature" I am giving my consent electronically to the Spalding County Sheriff's Office to conduct a criminal history and driver's license check.**

I hereby authorize the Spalding County Sheriff's Office to release any Criminal History Record information pertaining to me which may be in files of any state or local Criminal Justice Agency in GEORGIA.

**Major Robert Sowell**

Authorized Person Receiving Criminal History

Date of Request

This Authorization and Criminal History Information is valid for 10 days from the date of signature.

Site Security Number: \_\_\_\_\_ (Internal Use Only)

## **IMPORTANT INSTRUCTIONS**

This document was created to use Adobe Acrobat to fill it out. Please download Adobe Acrobat from [www.adobe.com](http://www.adobe.com) to use Adobe Acrobat. Additionally, if you are using a mobile device to complete this application you may need to download Adobe Acrobat from the appropriate application supplier (Apple, Google, etc.) and then transfer the document to Adobe Acrobat. If you choose to complete the form in another application, the form may still be emailed back to the Sheriff's Office. To email the completed application, please send it to Julie Shorb at [jshorb@spaldingcounty.com](mailto:jshorb@spaldingcounty.com).

Alternatively, if you wish to print the application and complete it by hand you are more than welcome to do so. Printed applications can be dropped off at the window in the Jail Lobby between 8 a.m. and 4 p.m., Monday through Friday. Blank applications can also be picked up at the window in the Jail Lobby.