



R K Tactical Student Information Sheet

Last Name	First Name	Middle Initial	
Date of Birth	Age	Race/Sex	
Street Address			
City	State	Zip	Phone Number
Class Title	Course Location	Course Dates	

LEO Only

Agency Name			
Agency Address			
Agency Phone		Agency Fax	
Dog Name	Breed	Age	Cert Assoc
Last Vaccination	Last Certification		

I understand the nature of this educational class/seminar is physical in nature and physically demanding at times. I hereby certify, to the best of my knowledge, that I am healthy enough to participate and have no outstanding ailments or injuries that would prohibit me from doing so, to the best of my knowledge. If at anytime, I feel that physically I need to temporarily stop the exercise or permanently cease physical activity in the class, I will immediately notify one of the instructors. Though every training scenario has been purposely thought through and steps taken to reduce the chances of injury, I understand that, with any physical and high liability training, there are inherent risks involved and training accidents can occur that may cause injury to myself or another. I hereby release R K Tactical LLC and it's instructor of liability for such injuries and training accidents. I also agree to hold harmless R K Tactical and it's instructors from any damages resulting from this class/seminar. I further acknowledge that a safety briefing will be conducted and safety measures and warnings will be explained to me before the completion of this form and the initiation of any training. I recognize safety protocols are in place for the safety of all involved and agree to observe all safety requests of the staff.

Signature	Date
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Payment Info:	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Check	<input type="checkbox"/> Trust (If eligible)
Card Number	Type	Exp	Sec Code

Mail To: R K Tactical LLC P.O. Box 350052 Jacksonville, FL 32235