



ADVANCED PROTECTION SERVICES, LLC

COURSE REGISTRATION FORM

INSTRUCTIONS:

1. Please fill this form out **COMPLETELY**. Sections not related to the course you are registering for can be skipped. Example: **unarmed students need not complete the firearms section and vice versa.**
2. **This form will be kept on file.**
3. **We will accept digital versions of this form. Simply initial where prompted then print your full name at the bottom in the signature line. You can then email it to us at hireing@apsops.com from your primary email address.**

(Please Print)

Today's Date:								
COURSE APPLICANT INFORMATION								
Last name:		First:		Middle:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid
Is this your legal name?	If not, what is your legal name?	(Former name):			Birth date:		Age:	Sex:
<input type="checkbox"/> Yes	<input type="checkbox"/> No				/ /			<input type="checkbox"/> M <input type="checkbox"/> F
Street Address:			Social Security No.:			Home phone no.:		()
P.O. Box:			City:		State:		ZIP Code:	
Course you want to attend:								
Are you a citizen of the United States: <input type="checkbox"/> Yes <input type="checkbox"/> No								
If no, are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Have you ever been convicted of a felony: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:								
FOR FIREARMS TRAINING – PREVIOUS FIREARMS TRAINING								
Course Name				Certifications				
Company				Location				
Summary								
Course Name				Certifications				
Company				Location				
Summary								
Course Name				Certifications				
Company				Location				
Summary								

LAW ENFORCEMENT/SECURITY EXPERIENCE

Agency	From	To
Rank	Sworn?	
Date and location of last Instructor Certification Course		
Location		

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge?	
Duties/MOS		
Specialized Training		

WAIVER

Please Read the following section(s), and Initial:

Safety is a major priority for us and one that students must take seriously. Reckless or dangerous behavior will not be tolerated, and instructor may discontinue further training in the event this occurs.

Nature of Course

This course is for education purposes only. Furthermore, the content of the course is the property of Advanced Protection Services, LLC. No right or permission is given for use.

Initial _____

Payments/Cancellation Policy

Full payment must be received prior to commencement of class start date. If payment does not arrive within this timeframe, you will be dropped from the class and any deposit is forfeited. Family Emergencies such as Death, Illness, Birth, Etc.) are the only reasons to drop out from a class without penalty. Other cancellations are credited towards a future Advanced Protection Services, LLC classes and will be handled on a case by case basis. Special Consideration will be taken for deploying military and law enforcement.

Initial _____

WAIVER

I, the undersigned, in consideration for: (1) being allowed to attend Advanced Protection Services, LLC (hereinafter "Agency" courses) (2) being allowed to participate in the course(s) of instruction sponsored by the Agency at its classes; and/or (3) being allowed to participate in the Agency's demonstrations; do hereby, this date, absolve and/or indemnify the Agency, its Executive Board, officers, agents, instructors, employees, heirs and assigns from all liability whatsoever for any injury which I may sustain or inflict on another. Specifically, I hereby covenant and agree that in no event shall the Agency be liable for any special, indirect, incidental, or consequential damages arising out of or connected with: (1) this Agreement; (2) firearms techniques demonstrated by the Agency's instructor(s) or invitees in this/these block(s) of instruction; (3) my application of those (or my own) techniques both during the instruction phase or later should I be forced to apply same in a combat (street) environment; (4) my receipt of such techniques during either the Agency's training phase or any other training environment where either I or another employ such techniques. Further, I do hereby acknowledge that I am exposing myself to the risk of physical injury and death as a result of the above-listed activities. I attest and state that I am in good physical health and have either consulted a physician (or hereby waive such consultation) prior to engaging in these activities.

I understand that the nature of this training is explicitly dangerous and could result in severe injury or death.

The provisions contained in this waiver shall apply regardless of whether a claim is based on contract, tort, strict liability or otherwise. Nor, shall the undersigned's damages (under any circumstance) exceed the amount of the purchase price which he/she has paid to attend the Agency's class and/or activities. I make this agreement as a specific inducement for the Agency to allow me to participate in the activities.

PRINT NAME _____

Signature _____ Date _____