

TAC 1,2,3 Course Registration Form

Location: Poland, European Counter Terror Centre: http://www.gajowka.skoczow.pl/kontakt/. Arrival on Friday evening, departure Sunday afternoon. Send the completed forms to: pim@europeantacticalschool.eu

18 - 19 November 2017 21 - 22 April 2018		17 - 18 February 2018	
		16 - 17 June 2018	
First name:			
Last name:			
Street:			
ZIP Code:			
Place:			
Country:			
Mobile:			
e-mail:			
Gun license:	YES	NO	
Criminal record:	YES	NO	
Low vision/glasses:	YES	NO	
Medication:	YES	NO	
In Case of Emergency	(ICE)		
Name:			
Relationship:			
Mobile:			
e-mail:			
Date:			
Your Signature:			



Safety Regulations

	Never point a guil/fille to a person of animal.		
_	Only point a gun/rifle in a safe direction. This safe direction will be specified by your instructor but is also prone to common sense.		
	Put your gun/rifle down when (accidentally) someone moves in the line of fire.		
	Never take your gun out of the holster without permission of your instructor.		
	Never have a bullet in the barrel when the gun is in the holster.		
_4	Before holstering a gun, perform the ITS safety procedure.		
	During life (hot) fire always carry ear and eye protection.		
	Never have your finger on the trigger unless you shoot ("finger out").		
	Never leave the shooting range without notifying the instructor.		
	In case of emergency one shouts or hears "stop-stop", perform ITS safety procedure and follow the instructions of the safety officer or instructor.		
	There should always be a first aid kit on site and someone who can provide first aid and BLS.		
	The use of drugs, alcohol and/or medication that influence awareness are forbidden during classes.		
I have	read and fully understand the ITS Safety Regulations.		
Place:			
Date:			
Name:			
Signat	ure:		

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Release of Liability And Express Assumption of the Risk

This document is a legally binding contract, which is intended to provide a comprehensive release of liability and express assumption of risk, but is not intended to assert any claims or defenses, which are prohibited by law. The specific rights of the parties may vary from country to country.

Please place your initials next to each of the following sections:
I hereby affirm that I have been advised and thoroughly informed of the inherent hazards of shootingI understand the inherent risks of shooting. I understand that the gun/rifle fire during the Training may be conducted at a site that is remote, whether by time or distance or both, from such medical support in case of severe injuries. I still choose to proceed in spite of the possible absence of extensive medical support in proximity to the shooting area.
I authorize others to administer first aid or obtain proper medical attention if necessary in the case of
a medical emergency. I hereby release from legal liability Israeli Tactical School, Pim van der Horst and the owners, officers, directors, employees, agents and/or guide(s) involved in the Training (hereinafter the "Released Parties" from any and all liability for damage and injury or death to myself or to any persons or property resulting from the selection, installation, maintenance, adjustment or use of this equipment and of any claim based upon negligence, breach of warranty, contract or any other legal theory, accepting myself the full responsibility for such damage, injury or death which may result from using the equipment especially but not limited to guns, rifles and explosives. On behalf of myself and my heirs, executors or assigns I hereby release, waive, discharge and relinquish any action or cause of action, which may arise for my heirs, executors, administrators and for my estate and agree that under no circumstance will I or my heirs, executors, administrators or assigns prosecute or present any claim for personal injury, property damage or wrongful death against the Released Parties for any cause of action, whether the same shall arise by the negligence of any of said persons, or otherwise. It is my intention, by this instrument, to exempt and relieve the Released
Parties from liability for personal injury, property damage or wrongful death caused by
 negligence, breach of warranty or contract. On behalf of myself and my heirs, executors, administrators or assigns I agree that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted by or on behalf against the Released Parties, I or my estate shall indemnify and hold harmless the same from any and all claims o causes of action by whomever or wherever made or presented from personal injuries, property damage of wrongful death. I affirm that I personally will follow the safety procedures as instated by Israeli Tactical School. I have read und understood these safety procedures. I affirm that I have no medical history or condition and am taking no medication contraindicated for
shooting. I am fully aware of the benefits of having a trip cancellation, travel and medical insurance (with Emergency Evacuation coverage) and should I not have one, I assume full responsibility and prepare to pay for all expenses related to evacuation and other incidentals incurred in getting medical attention. I understand the terms herein are contractual and not a mere recital and that I have signed this document of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this document is found to be unenforceable or invalid, that provision shall be severed from this document. The remainder of this document will then be construed as though the unenforceable provision had never been contained herein.
Place:
Date:
Name:
Signature:

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