

KCMTOA Practical Training Registration / Waiver Form

TITLE OF COURSE _____

LOCATION OF TRAINING _____

DATES OF TRAINING _____ **COST** _____

Participant Name / Rank _____

Participant Agency / Unit _____

Agency Phone # _____

Fax # _____

Participant Contact # _____

Participant email _____

LIABILITY WAIVER & INDEMNITY AGREEMENT

Intending that this agreement be legally binding upon me, my heirs, executors, administrators, and assigns, I hereby waive, release and forever discharge the Kansas City Metro Tactical Officers Association, Inc (KCMTOA), and all of their agents, representatives, heirs, executors, administrators, successors and assigns of and from all known and unknown, foreseen and unforeseen physical and mental injuries and consequences thereof, suffered by me during any and all training activities held during the training session attended by me.

In signing this release, I assert that (A) I am presently in good physical condition and mental health, (B) I have no reason to believe that I am not in good physical and mental health, (C) I am fully aware of, and do acknowledge and assume all risk of injury inherent in my participation in this training course, (D) I am not currently suffering from any affliction that would preclude me from participating fully in this training program, and (E) It is my responsibility to refuse to participate in any activity that I feel may cause injury to me or aggravate any existing injury or condition.

I HAVE READ, UNDERSTAND AND FULLY AGREE TO ABOVE AGREEMENT

Printed Full Name of Participant

Signature of Participant

Date ____/____/____

This is to certify that the above listed officer is authorized by his/her agency to attend this training and is covered by the agency's Worker's Compensation Insurance in the event that he/she is injured while attending this training session.

PRINTED NAME OF SUPERVISOR

SIGNATURE OF SUPERVISOR

Date ____/____/____

EMERGENCY CONTACT

NAME _____ **RELATIONSHIP** _____

TELEPHONE NUMBER () _____ **CELL PHONE NUMBER ()** _____

MTOA ADMIN USE ONLY

Date received _____ Date notified _____

Amount received _____ Amount returned _____