

**"M.T.O.A. TRAINING REGISTRATION FORM"**

TITLE OF COURSE \_\_\_\_\_

LOCATION OF TRAINING \_\_\_\_\_

DATES OF TRAINING \_\_\_\_\_

COST \_\_\_\_\_

Participant Name / Rank \_\_\_\_\_

Participant Agency / Unit \_\_\_\_\_

Agency Unit / Phone Number \_\_\_\_\_

**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 (MTOA), 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.

Date this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Printed Full Name of Participant

\_\_\_\_\_  
Signature of Participant

Printed Full Name of Witness \_\_\_\_\_

Signature of Witness \_\_\_\_\_

This is to certify that the above listed officer is authorized by his/her agency to attend this training and is covered by 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 this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

**EMERGENCY CONTACT NUMBER**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

**EMERGENCY CONTACT**

**NAME** \_\_\_\_\_

**RELATIONSHIP** \_\_\_\_\_

**TELEPHONE NUMBER ( )** \_\_\_\_\_

MTOA USE ONLY

Date Received \_\_\_\_\_

Date Notified \_\_\_\_\_

Amount Received \_\_\_\_\_

Amount Returned \_\_\_\_\_

***Please reproduce and use for ALL KCMTOA training***

MTOA ADMIN USE ONLY

Date received \_\_\_\_\_

Date notified \_\_\_\_\_

Amount received \_\_\_\_\_

Amount returned \_\_\_\_\_