

ACADEMY OF PERSONAL PROTECTION AND SECURITY

"APPS"

1645A Murfreesboro Pike

Nashville, Tennessee 37217

(615) 360-6002

WWW.APPSTRaining.COM WEB SITE APPSTRaining@COMCAST.NET EMAIL

COURSE REGISTRATION FORM

PRINT YOUR NAME AS IT SHOULD APPEAR ON YOUR RECORDS:

PLEASE FILL OUT COMPLETELY.

Samson LAST NAME Emanuel FIRST NAME Lidese MIDDLE NAME

DATE OF BIRTH 11/11/1991 SOCIAL SECURITY #

DRIVER LICENSE # STATE TN BIRTH PLACE Sudan

MAILING ADDRESS

La Vergne CITY TN 37086 ZIP CODE Rutledge COUNTY OF RESIDENCE

COUNTRY OF CITIZENSHIP United States DO YOU UNDERSTAND ENGLISH (Y) (N)

PHONE(S) HOME WORK Cell

Email:

REFERRED BY: ATTENDED APPS TRAINING BEFORE: YES () NO (X)

SIGNATURE: DATE: 9/22/2017

IF CLASS FEES ARE TO BE PAID BY YOUR EMPLOYER PAYMENT "MUST" BE APPROVED BY YOUR EMPLOYER FIRST. FILL IN BELOW INFORMATION!

PRINT ALL INFORMATION

ALL FEES ARE NON REFUNDABLE!!

EMPLOYER/COMPANY:

CONTACT NAME & PHONE:

CALL APPS FOR PRICING AND PAYMENT INFORMATION!

ALL FEES ARE NON REFUNDABLE!!

CHECK ALL CLASSES THAT APPLY

HANDGUN PERMIT UNARMED SECURITY OFFICER ARMED SECURITY OFFICER

UPGRADE UNARMED TO ARMED SECURITY OFFICER ARMED RECERTIFICATION

ADDING FIREARM TO SECURITY CERTIFICATION TASER/STUN DEVICE

HANDCUFF/CONTROL DEFENSIVE BATON DEFENSIVE SPRAY

INCUSTODY DEATH/EXCITED DELIRIUM SHOTGUN RANGE PRACTICE

FIRST AID/CPR/EMERGENCY OXYGEN/DEFIBRILLATOR/ BLOOD BORNE PATHOGENS

DATE(S) SCHEDULED Sept 22

Handwritten initials and numbers

COURSE TITLE Unarmed DATE 9/22/2017

FULL NAME (PRINT) Emanuel

SS# _____ D.O.B. 11/11/1991 PHONE # _____

PERSON TO CONTACT IN CASE OF EMERGENCY

NAME _____ RELATIONSHIP fiance

PHONE NUMBER: _____

WAIVER

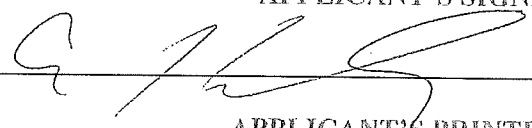
RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

1. INTENDING THAT THIS AGREEMENT BE LEGALLY BINDING UPON ME, MY HEIRS, EXECUTORS, ADMINISTRATORS, AND ASSIGNS, I HEREBY WAIVE, RELEASE AND FOREVER DISCHARGE THE ACADEMY OF PERSONAL PROTECTION AND SECURITY, INC., ALSO KNOWN AS A.P.S., AND ALL OF THEIR AGENTS, DISTRIBUTORS, SALES PERSONNEL, EMPLOYEES, REPRESENTATIVES, HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS, OF AND FROM ANY AND ALL CLAIMS, DEMANDS, RIGHTS AND CAUSES OF ACTION OF WHATSOEVER KIND AND NATURE; ARISING FROM, AND BY REASON OF ANY AND ALL KNOWN AND UNKNOWN; FORESEEN AND UNFORESEEN PHYSICAL AND MENTAL INJURIES, PROPERTY DAMAGE OR DEATH, AND CONSEQUENCES THEREOF, SUFFERED BY ME DURING AND IN ROUTE TO AND FROM ANY CLASS OR MEETING. (Initials ES.)

2. IN SIGNING THIS RELEASE, I ASSERT THAT: (a) I AM PRESENTLY IN GOOD PHYSICAL 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 SEMINAR; AND, (d) I HAVE READ AND FULLY UNDERSTAND THE TERMS AND CONDITIONS OF THIS AGREEMENT. (Initials ES.)

3. IN SIGNING THIS WAIVER I ALSO AGREE TO ALLOW A.P.S. TO USE VIDEO, PHOTOS AND STATEMENTS OF AND BY ME OF MY COURSE PARTICIPATION FOR FUTURE ADVERTISING. (Initials ES.)

APPLICANT'S SIGNATURE:



APPLICANT'S PRINTED NAME:

Emanuel Samson

WITNESS BY:

DATE: _____ TIME _____

ALL FEES ARE NON REFUNDABLE