

ACADEMY OF PERSONAL PROTECTION & SECURITY

336 HILL AVE., SUITE 102

NASHVILLE, TN. 37210

(615) 360-6002 FAX: (615) 366-7374

Web site WWW.APPSTRAINING.COM Email address APPSTRAINING@BELLSOUTH.NET

COURSE REGISTRATION FORM

PRINT YOUR NAME AS IT SHOULD APPEAR ON YOUR RECORDS: *PLEASE FILL OUT COMPLETELY*

LAST NAME FIRST NAME MIDDLE NAME

DATE OF BIRTH ____/____/____ SOCIAL SECURITY # ____/____/____

DRIVER LIC. # _____ STATE _____ BIRTH PLACE _____

MAILING ADDRESS _____

CITY STATE ZIP CODE COUNTY OF RESIDENCE

COUNTRY OF CITIZENSHIP _____

PHONE(S) HOME (____) _____ WORK (____) _____ Cell (____) _____

Languages you speak other than ENGLISH: _____

Email: _____

REFERRED BY: _____ I HAVE BEEN IN TRAINING HERE BEFORE: YES () NO ()

SIGNATURE: _____ DATE: _____

____ CLASS FEES TO BE PAID BY EMPLOYER

EMPLOYER/COMPANY: _____

CONTACT NAME & PHONE: _____

COMPANY ADDRESS _____

NO PERSONAL CHECK – Accept Money Order, Cash, Credit or Debit Cards Only.

(CIRCLE ONE) MASTERCARD – VISA – DISCOVER OR CASH

CARD # _____ EXP. _____

CHECK ALL CLASSES THAT APPLY

PERMIT _____	BATON _____	SPRAY _____	UNARMED _____	ARMED _____
HANDCUFF/TAKEDOWN _____	STUNGUN/TASER _____		UPGRADE _____	RECERT _____
INTERMEDIATE--H. GUN _____	TATICAL SHOTGUN _____		COMPANY _____	
ADVANCED HANDGUN _____	STRESS FIRE _____		DATE BILLED _____	INVOICE# _____

FEE _____ AMT PD _____ BAL DUE _____ DATE(S) SCHEDULED _____

PLEASE FILL OUT ALL INFORMATION COMPLETE AND LEGIBLE!!

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NASHVILLE TN 37210
(615) 360-6002 FAX: (615) 366-7374 EMAIL: appstraining@bellsouth.net

COURSE TITLE _____ DATE _____

FULL NAME (PRINT) _____

SS # _____ D.O.B. _____ PHONE # _____

PERSON TO CONTACT IN CASE OF EMERGENCY

NAME _____ RELATIONSHIP _____

PHONE NUMBERS _____

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.P.S., AND ALL OF THEIR AGENTS, DISTRIBUTORS, SALES PERSONNEL, EMPLOYEES, REPRESENTATIVES, HEIRS, EXECUTORS, ADMINSTRATORS, 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 _____)*

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 _____)*

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

APPLICANT'S SIGNATURE: _____

APPLICANT'S PRINTED NAME: _____

DATE: _____