

**The Tactical EMS School Application**  
**September 26 – October 1, 2021 at Camp Ripley, Minnesota**  
More Information: [www.tactical-specialties.com](http://www.tactical-specialties.com)

**PARTICIPANT INFORMATION FORM: PLEASE PRINT CLEARLY**

Name: _____				
Agency Represented: _____				
Home Address: _____				
Home Phone: _____		Cell Phone: _____		
CLEARLY PRINT E-mail address: _____				
Date of Birth:	Height:	Weight:		
Are you a: <input type="checkbox"/> peace officer	<input type="checkbox"/> firefighter	<input type="checkbox"/> EMT	<input type="checkbox"/> Paramedic	<input type="checkbox"/> physician <input type="checkbox"/> nurse <input type="checkbox"/> other
<b>Circle Tee Shirt Size:</b>	<b>medium</b>	<b>large</b>	<b>X Large</b>	<b>2X Large</b>

1. Do you smoke or use tobacco products? How much?
  
  
  
  
  
  
  
  
  
  
2. Do you currently engage in vigorous aerobic exercise for at least 30 minutes, 3 times weekly?
  
  
  
  
  
  
  
  
  
  
3. Do you have any allergies to foods, medications, or other substances?
  
  
  
  
  
  
  
  
  
  
4. Do you have any special nutritional requirements?
  
  
  
  
  
  
  
  
  
  
5. Briefly detail your experience / training in Tactical EMS

## Physical Readiness Statement and Physician's Assessment

I have examined and interviewed \_\_\_\_\_ and I give them medical approval to participate in the Tactical EMS School. I understand that the participants are exposed to a wide variety of environments and situations which may include but not be limited to the following:

- Exposure to CS or OC chemical agents *with and without* a protective mask
- Blank and live firing weapons and Simunition (paintball) rounds
- Law enforcement pyrotechnics: smoke devices, sound & light diversionary devices, stun munitions
- Outdoor weather and environmental conditions
- Simulated tactical operations in darkness
- Field operations under rigorous and demanding physical conditions
  - Aerobic jogging for 1 to 2 miles during morning teamwork while wearing gym clothes
  - Anaerobic sprinting wearing tactical gear for short distances
  - Lifting, moving and carrying other personnel and tactical equipment during rescue operations
- Mentally stressful conditions

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PRINT Physician's Name: \_\_\_\_\_

Hospital or Practice Represented: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

### **Check Again Before Mailing – ALL THESE ITEMS ARE REQUIRED FOR REGISTRATION:**

1. Completed and legible **Participant Information** form (write your e-mail address LEGIBLY!)
2. Signed **Physician's Assessment** form with complete contact information (attached)
3. **Medical Information** form completed by applicant (attached)
4. **Liability and Assumption of Risk** form signed by applicant (attached)
5. **Consent to Use Name and Photographic Likeness** form (attached)
6. **Letter of Reference/Recommendation** on department letterhead
7. **Payment of \$1,750 (Enroll before June 1<sup>st</sup> for \$1,500).** Payment must be made by check or money order. No credit cards.

**Return all registration materials with this form.  
You will receive a more detailed information packet  
and directions when we receive your registration.**

Thanks!

### **Send Completed Registrations To:**

**The Tactical EMS School  
11370 East JB Lane  
Hallsville, Missouri 65255  
[todd@tactical-specialties.com](mailto:todd@tactical-specialties.com)  
573-999-7222**

<b>MEDICAL INFORMATION FORM</b>		Date Prepared/Updated:	WHO FILLED OUT THIS FORM?
<b>All Information Must Be PRINTED for Clarity THIS IS CONFIDENTIAL INFORMATION</b>			
<b>Last Name:</b>		<b>First:</b>	<b>MI:</b>
Agency Name:		Department Phone:	
DOB:		Age:	Sex: Male / Female
Height:	Feet      Inches	Weight:	
Eyewear (circle):      None / Glasses / Contacts			
Blood Types (circle):      A      B      AB      O      Positive      Negative			

<b>Medical History</b>			
	Yes	No	
1			Any chronic or recurrent illness?
2			Any illness lasting more than a week?
3			Any hospitalizations?
4			Any surgery?
5			Any injury requiring treatment by a physician?
6			Is your blood pressure above 120/70? What is your normal BP?
7			Any cardiac problems including heart murmur?
8			Any recurring bleeding problems?
9			Any dizziness, fainting, convulsions or frequent headaches?
10			Ever been knocked out or had a concussion?
11			Ever had hepatitis, mononucleosis, diabetes or asthma? (circle all relevant)
12			Ever had difficulty breathing?
13			Any history of tuberculosis or positive skin test; any reason for a chest x-ray?
14			Wear any dental appliances such as braces, bridges or plates?
15			Any knee or ankle injuries?
16			Any family history of sudden death?
17			Any hearing problems?
18			Any history of neck injury?
19			Any other joint sprains or dislocations? (shoulder, wrist, finger, etc.)
20			Any broken bones, (fractures)?
21			Any organs missing other than tonsils? (appendix, eye, kidney, etc.)
22			Any heat exhaustion or stroke?
23			Any cold injuries? (frostbite, significant hypothermia)
24			Have you traveled outside of the U.S. in the past 6 months?
25			Are you currently following a carbohydrate restricted diet or any other significant dieting regimen?

Please use the space below to explain any of the above answers. Place the line number in left column.


### Vaccination and Screening Dates

Last Tetanus / TDAP:	Last Hepta-vax:	Last PPD:
Small Pox:	Last Rabies:	Other:

### Allergies

**Include medication, insect, food, environmental, etc. Indicate type of reaction and severity**

Do you carry an epi-pen?    Yes    No

### Medications

Name	Dose	Frequency	Reason

### Personal or Family Physician

Physician's Name:		Office Phone:	
Address:		Cell Phone:	
City:	State:	After hours number:	
Name of Hospital Physician is Affiliated With:			
Affiliated Hospital Phone:			

**THIS IS CONFIDENTIAL INFORMATION**

### Emergency Notification

Emergency Notification	
<b>Primary Contact</b>	<b>Secondary Contact</b>
Name:	Name:
Relationship:	Relationship:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Other (cellular):	Other (cellular):
Address:	Address:
City:	City:
State:                                  Zip:	State:                                  Zip:

### Food and Meal Preferences

**Do you have any special dietary needs, strong food dislikes, personal anxiety issues, or other matters we should be aware of that could be pertinent on an extended operation? Please explain.**

### Religious Preferences

If you were seriously injured, would the presence of clergy be of benefit to you?                  Yes        No (circle)

If yes, what religious denomination do you prefer?

Reviewed by (Director of Tactical EMS School)

Reviewed by (Team Medical Director)

**THIS IS CONFIDENTIAL INFORMATION**

# Tactical Training Specialties and The Tactical EMS School

## RELEASE OF LIABILITY & ASSUMPTION OF RISK AGREEMENT

**IN CONSIDERATION** of being permitted to participate in any way in the training and instruction being offered by Tactical Training Specialties, Inc., **I, THE RELEASOR**, acknowledge, appreciate, and agree that:

1. This training program involves simulated, full contact self-defense situations and/or the use and discharge of less-lethal projectile training weapons (e.g., Simunitions ®, AirSoft ®, and paint guns), and traditional weapons and/or firearms by the class members and instructors. Such weapons will be used in various situations and locations. **I am fully aware of the inherent risk of injury associated with the activities and equipment involved with such training and instruction, including the potential for permanent disability and death, and while protective equipment and personal discipline will minimize this risk, the risk of serious injury does exist;**

2. I knowingly and freely assume all such risks, even if arising from the negligence of those persons released from liability below, and assume all responsibility for my participation in said training and instruction; and

3. I understand that this training program is physically and mentally intense. I understand that I must always follow the instructions of all training cadre and instructional staff/personnel. If I observe any unusual or unnecessary hazards during my participation, I will bring such to the attention of the training staff as soon as practical; and

4. I, for myself and on behalf of my heirs, assigns, next of kin and personal representatives hereby fully release and agree to hold harmless Tactical Training Specialties, Inc., its directors, officers, employees, agents and subcontractors, including the owners and lessors of the premises used to conduct the Tactical EMS School including their officers, employees, instructors, agents and subcontractors (collectively hereinafter referred to as "releasees") from any and all claims of whatsoever kind arising from any damages, injury or death or other loss I may sustain while participating in the Tactical EMS School whether such loss is caused in whole or in part by any act or omission of releasees. I expressly, and specifically, assume all risks of participation in all or any part of the Tactical EMS School including any risks of attending any events in which I do not participate.

5. I understand and agree that this **RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT** covers each training session and/or simulation in which I participate or attend.

6. I have read and fully understand this Release of Liability and Assumption of Risk Agreement. I understand the contents and that I have a right to have this Agreement reviewed by an attorney at my own expense. I fully understand and agree that by signing my name below I am giving up important legal rights, and I freely, knowingly and expressly agree to the terms of this Agreement.

### ***Signatures Must Be In Ink***

Releasor Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Releasor's Signature: \_\_\_\_\_

Witness Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_



The Tactical EMS School - Tactical Training Specialties  
The Essentials of Tactical EMS  
Conducted at Camp Ripley, Minnesota

**CONSENT TO USE NAME AND PHOTOGRAPHIC LIKENESS**

For valuable consideration, receipt of which is hereby confessed and acknowledged, I do hereby give and grant unto The Tactical EMS School, its successors and assigns, and those acting under it, including Tactical Training Specialties, full and complete permission to use my name, title, photograph and/or photographic likeness, personal stories and/or information, for use in any and all Tactical Training Specialties advertising and marketing purposes, internal and external, and in any or all media, whether now known or hereafter existing/devised, in perpetuity.

I do hereby further certify that I am of full age and I possess full legal capacity to execute the foregoing authorization and release, which is hereby made binding upon my heirs, assignees, next of kin, and personal representatives.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Date)