The Tactical EMS School Application

September 20-25, 2026 at Camp Ripley, Minnesota

More Information: www.tactical-specialties.com

PARTICIPANT INFORMATION FORM: PLEASE PRINT CLEARLY

Name: _____

Agency Represented: _____ Phone: _____

Supervisor's Name: _____ Phone: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

CLEARLY PRINT E-mail address: _____

Date of Birth: Height: Weight:

Are you a: __peace office __firefighter __EMT __paramedic __physician __nurse __other

Tee Shirt Size: medium large X Large 2X Large

1. Do you smoke or use tobacco products? How much?

2. What vigorous aerobic exercise do you perform 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. Detail your experience and training in Tactical EMS.

6. Acknowledge you have read the Electronic Devices policy by signing here.
(May be reviewed at https://tactical-specialties.com/tactical-ems-school/)

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 (attach or e-mail separately)
7. **Payment of $2,000.** Payment must be made by check or money order. No credit cards.

Checks Payable to: The Tactical EMS School

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
573-999-7222

MEDICAL INFORMATION FORM	Date Prepared/Updated:	WHO FILLED OUT THIS FORM?

All Information Must Be PRINTED for Clarity
THIS IS CONFIDENTIAL INFORMATION

Last Name:	**First:**	**MI:**

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

Medical History

	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:	

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Emergency Notification	
Primary Contact	**Secondary Contact**
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)

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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, 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)

_____
(E-Mail)

_____
(Date)