Lake Technical Center

INSTITUTE OF PUBLIC SAFETY

Equivalency of Training Comparative Compliance/Review Course Agreement Form and Liability Waiver and Release

Please read the following document carefully.
If you have any questions, have them answered before signing this document.

The Equivalency of Training Comparative Compliance/Review Course you will be attending consists of High Liability Demonstration Training and course review.

The following synopsis profiles the tasks required of the Comparative Compliance/Review Course attendee:

Academic:
Training is conducted in air-conditioned classrooms. Breaks are provided throughout the day. Students are required to sit for at least sixty (60) minutes at a time.

Defensive Tactics:
Officer Presence - Body Movements, Evasion, Interview Stance, Ready Stance, Offensive Ready Stance; Communication - Verbal Direction, Hand Clearing Technique; Falling Techniques - Front Fall, Side Fall, Rear Fall, Forward Fall; Restraint Devices - Standing/Kneeling/Prone handcuffing, Application /Removal of Waist Chains, Leg irons, Leg restraints; Physical Frisk & Search; Transporters - Bent Wrist/Hammer Lock/Finger Lock/Shoulder Lock; Takedowns - Straight Arm Bar, Bent Wrist, Outside Wrist, Hip Roll, Resisting handcuffed subject, inside Wrist, Hammer Lock, Shoulder Lock, Leg Sweep; Pressure Points - Under the jaw, hollow behind the ear, Hollow behind the collarbone; Countermoves - Blocks (high forearm, redirection mid forearm, low), Strikes (vertical punch, hammer fist, forearm, palm heel, backhand, elbow front, elbow rear, knee, front kick, angle kick; Escape Techniques; Ground Control & Defense Techniques; Prisoner Transport - Place & remove a restrained hostile suspect in and from a vehicle; Impact Weapons Draws, Strikes, Retention; Defense Against Edged Weapons; Handgun Retention/Disarming.

Firearms:
Operate/fire handgun or automatic pistol and a shotgun from the standing, kneeing, prone, and covered positions during day and nighttime hours. (Firing range is an outside facility and can be hot and humid) Safety; Shooting Principles: Grip, Trigger Control, Alignment/Picture, Draw & Holster; Load & Unload; Clearing Malfunctions; Cleaning/Maintenance; Demonstrate Proficiency in Shooting.

First Aid:
Airway Care - Adult/Child/Infant; CPR - One and two person Adult, CPR child and infant; Patient Assessment; Treating for Shock, Bleeding, Musculoskeletal and Soft Tissue Injuries, Moving patients, Spinal Cord Injuries.

Vehicle Operations for Law Enforcement:
Figure 8 - Shuffle steering, speed, cone avoidance; Threshold Braking; Forward Serpentine; Reverse Serpentine; Evasive Maneuvers - Entry Speed, Shuffle Steering, Lane Change, Cone Avoidance, Complete Stop; Cornering; Nighttime Emergency Forward Serpentine (Lights and Sirens); Nighttime reverse Serpentine; Nighttime Evasive; Nighttime Emergency Evasive (Lights and Sirens); Intersection Backing; Slide Recovery, Emergency Backing.

Lake Technical Center
2001 Kurt Street, Eustis, FL 32726
(352) 589-2250

Institute of Public Safety
1565 Lane Park Cutoff, Tavares, FL **32778**
(352) 742-6463 **fax: 352-742-6466**

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Agreement Form and Liability Waiver and Release

I affirm that I am in good health. I further declare that I am physically fit and capable to participate in such activities. I understand that it is my responsibility to notify the appropriate person in the workplace of emergency medical information. I also understand that this Waiver of Liability and Release binds my heirs, executors, administrators, and assigns, as well as me.

In full recognition and appreciation of the dangers and risks inherent in the listed course activities and tasks, and as partial consideration for receiving training, I assume full responsibility for any injuries or damages resulting from my participation. I understand that my participation is voluntary and as such **I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE,** The Lake Technical Center, The Institute of Public Safety, or The School Board of Lake County, Florida, and its insurers, members, employees, representatives, contractors, sponsors, agents, successors and assignors (collectively referred to as "Released Parties") from all liability to me, my personal representatives, assigns, heirs and next of kin for any and all loss or damage, and any claim or demands therefore on account of injury to myself, or to any person or property or resulting in death, whether caused by the negligence of the releases collectively, of third parties, or otherwise.

I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Released Parties and each of them from any loss, liability, damage, or cost they may incur due to any injuries, death or damages, whether caused by the negligence of the Released Parties or otherwise.

I acknowledge that I have read and understand this entire Agreement Form and Liability Waiver and Release and I agree to be legally bound by it.

_____	_____	_____
PRINTED NAME OF PARTICIPANT	**SIGNATURE OF PARTICIPANT**	**DATE**

State of _____, County of _____

The foregoing instrument was acknowledged before me on this _____ day of _____, _____

by _____ who is personally known to me _____

or has produced _____ (type) as identification.

_____	_____
PRINTED NAME OF NOTARY	**SIGNATURE OF NOTARY**

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