



Lake Technical College

Lake Technical College
INSTITUTE OF PUBLIC SAFETY
Part Time Registration

Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Name: \_\_\_\_\_

First Middle Last Maiden name / Alias

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Street City State Zip

Mailing Address: \_\_\_\_\_

Street/P O Box City State Zip

E-mail address: \_\_\_\_\_

Are you currently employed? Yes No Occupation: \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_

Ethnicity: Hispanic Yes No

Race: (Check all that apply)

- Black or African American
American Indian or Alaskan Native
Asian
Native Hawaiian or other Pacific Islander
White (not Hispanic)

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

FOR OFFICE USE ONLY:

FEE BASED: \$ 690.00

Total \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Visa/MasterCard \_\_\_\_\_

Bill to (Employing Agency Must Supply Authorization for Payment): \_\_\_\_\_

Table with 7 columns: Class Dates, Time, Course #, Class Title, Hrs, Loc, Instructor. Row 1: Corrections Review/EOT, 60, IPS

Lake Technical College prohibits discrimination in admission to, or access to, or employment in its programs and activities on the basis of race, color, national origin, sex or sexual orientation, marital status, age, religion, disability, genetic information, gender identity or expression, or any other characteristic prohibited by law.

Lake Technical College
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

**LAKE TECH COLLEGE  
INSTITUTE OF PUBLIC SAFETY**

AFFIDAVIT OF APPLICANT – ADDENDUM

1. SSN: \_\_\_\_\_
  
2. Applicant's Name: \_\_\_\_\_  

(Last)
(First)
(MI)
S
  
3. Agency:(Employing/Sponsoring) Lake Technical College, Institute of Public Safety

I fully understand that, in order to qualify for training as a law enforcement officer, correctional or correctional probation officer, I must certify that I have not been convicted of any crime involving domestic violence as defined by the Amended Gun Control Act of 1968 (GCA). The Amended Gun Control Act of 1968 as changed by “Public Law 104-208, Sec. 658. Gun Ban For Individuals Convicted Of a Misdemeanor Crime of Domestic Violence” makes it unlawful for any person convicted of a misdemeanor crime involving domestic violence from being able to possess or receive firearms or ammunition. This new prohibition does apply to all criminal justice officers or trainees.

Accordingly, I attest to the following:

\_\_\_\_\_ To the best of my knowledge and belief, I am not under investigation by any local, state or federal agency or entity for any crime related to domestic violence.

\_\_\_\_\_ I have never been convicted of any crime related to domestic violence.

I hereby attest that to the best of my knowledge and belief, the information I've entered on this form is true.

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_  
Date Signed

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_ The foregoing instrument was acknowledged before me this \_\_\_\_\_ (date) by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ (type of identification) as identification and who did (did not) take an oath.

\_\_\_\_\_  
Notary's Signature  
 \_\_\_\_\_  
Notary's Name  
 \_\_\_\_\_  
Notary's Title or Rank \_\_\_\_\_  
 \_\_\_\_\_  
Serial number, if any. Seal



**Lake Technical College  
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, kneeling, 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.

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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 College, The Institute of Public Safety, or The School Board of Lake County, Florida, and its insurers, members, employees, representatives, contractors, sponsors, agents, successors and assigns (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

# Directions to Lake Technical College's Institute of Public Safety

To view an interactive map showing the location of the Institute of Public Safety, please go to:  
<http://www.laketechnical.org/locations/institute-of-public-safety/>

## Firing Range Needs

- Comfortable Pants with belt loops (BDU, cargo pants, etc)
- Comfortable T-Shirt (no Red)
- Comfortable Shoes
- Rain Jacket (Depending on weather)
- Eye Protection (recommend clear shooting glasses or your glasses if shatter proof)
- Ear Protection (over the ear style)
- Belt Keepers (four)
- Sun Block
- "Skeeter" repel
- Liquid Refreshment

