



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 / PO 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 Native Hawaiian or other Pacific Islander
American Indian or Alaskan Native White (not Hispanic)
Asian

Submit to IPS: Payment and Registration Form.

Student Signature

Date

FOR OFFICE USE ONLY:

FEE BASED: \$ 995.00

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: Law Enforcement / EOT, 64, IPS

Lake Technical College does not discriminate on the basis of race, religion, color, national origin, gender, genetic information, age, pregnancy, disability, or marital status in its educational programs, services or activities, or in its hiring or employment practices.

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 Technical College
INSTITUTE OF PUBLIC SAFETY
Law Enforcement Officer Program Application

Affidavit of Application - Addendum

SSN: _____ - _____ - _____

Applicant's Name: _____
(Last) (First) (MI)

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, 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 have entered on this form is true.

Applicant's Signature

Date Signed

STATE OF _____, 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 Recover, Emergency Backing.

**Equivalency of Training Comparative Compliance/Review Course
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 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 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 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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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.laketech.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

