C.R.I.

Counter Terrorism Training School, Inc.

1721 Stocker Street
North Las Vegas, NV 89030
702-222-3489
www.critraining.com

Student Information

Student Name (Last, First, MI)	Date of Birth	Age	Gender
Address	**City/State**		**Zip code**
Telephone Number	**Alt. Number**	**Email Address**	
Name of Emergency Contact(s)	**Emergency Contact Number**		**Relationship**

Course Information

SHTF 101: Situational Awareness	Course Date	Course Fee
		$150.00*

*deposit refund only issued if course is cancelled three weeks prior to start (minus 5% charge)
**no refund is given five or fewer days before training, but a training credit can be issued (minus 5% charge)

Student Acknowledgements

I understand that this course involves strenuous physical activities and high stress threat scenarios. I certify that I am able to undergo this type of activity without risk to my health. C.R.I. will make every effort to insure that training, both physical and/or theoretical, is conducted in a safe environment. C.R.I. and its instructors have taken all safety precautions necessary to instruct in a safe manner with regards to all trainees. During training I agree to hold harmless C.R.I. from any and all claims, demands, actions and cause. In no event shall C.R.I. be liable for any loss or any incidental, indirect, consequential, special or other similar damage arising during the training course or any time afterwards, except when the same shall arise due to the willful misconduct or gross negligence of C.R.I.

_____
Student Initials

My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities in regard to this contract.

Signed this _____ day of _____, 20___.

_____ _____ _____
Name of Student [please print] **Signature of Student** **Date**