FORCE OPTIONS

School of Dynamic Combat
Course Application

Instructions:

1.Please fill this form our **COMPLETELY**. Sections not related to the course you are registering for can be skipped. Example – combatives students need not complete the firearms section and vice versa.
2. This form will be kept on file for 1 year. There will be no need to fill this out if you have registered and taken a Force Options course in the last year.
3. We will accept digital versions of this form. Simply initial where prompted then print your full name at the bottom in the signature line. You can then email it to us at ForceOptions@cox.net from your primary email address.

COURSE APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	Cell or back up phone		
E-mail	Date of birth	Age	
Course you wish to attend			
Are you a citizen of the United States? YES ☐ NO ☐	If no, are you authorized to work in the U.S.? YES ☐ NO ☐		
Have you ever been convicted of a felony? YES ☐ NO ☐	If yes, explain		
Current Employer / Occupation			

FOR FIREARMS TRAINING - PREVIOUS FIREARMS TRAINING	
Please list recent courses – If you are applying to attend an advanced course, please include dates of the prerequisite courses.	
Course Name	Certifications
Company	location
Summary	
Course Name	Certifications
Company	location
Summary	
Course Name	Certifications
Company	location
Summary	

FOR COMBATIVES OR DT TRAINING - PREVIOUS MARTIAL ARTS / COMBATIVES TRAINING	
Please list recent courses or certifications	
Style Name	Certifications
School	location
Summary	

LAW ENFORCEMENT / SECURITY EXPERIENCE	
Agency	From To
Rank	Sworn?
Date and location of last DT Instructor Certification Course	

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
Duties / MOS	
Specialized Training	

WAIVER

Please read the following section and initial
Safety is a major priority for us and one that students must take seriously. Reckless or dangerous behavior will not be tolerated.

Nature of Course
This course is for educational purposes only. Furthermore, the content of this course is the intellectual property of Fred Mastison and Force Options No rights or permission is given for uses.

Initial_____

Payments / Cancellation Policy
Full payment must be received at least thirty days from the class start date. If payment does not arrive within this time frame you will be dropped from the class and any deposit is forfeited. Unexpected family emergencies (Deaths, illness, births, etc.) are the only reasons to drop out from a class without penalty. Within sixty days of the class start date there is no refund except as mentioned. Other cancellations are credited towards a future Force Options classes and will be handled on case by case basis. Special Consideration will be taken for deploying military & law enforcement.
Initial_____

WAIVER
I, the undersigned, in consideration for: (1) being allowed to attend Force Options (hereafter "Sponsor") courses (2) being allowed to participate in the course(s) of instruction sponsored by the Sponsor at its seminar(s); and/or (3) being allowed to participate in the Sponsor's demonstrations; do, hereby, this date, absolve and/or indemnify The Sponsor, its Executive Board, officers, agents, instructors, employees, heirs and assigns from all liability whatsoever for any injury which I may sustain or inflict on another. Specifically, I hereby covenant and agree that in no event shall The Sponsor(s) be liable for any special, indirect, incidental, or consequential damages arising out of or connected with: (1) this Agreement; (2) the martial arts / firearms techniques demonstrated by the Sponsor's instructor(s) or invitees in this/these block(s) of instruction; (3) my application of those (or my own) techniques both during the instruction phase or later should I be forced to apply same in a combat (street) environment, (4) my receipt of such techniques during either the Sponsor's training phase or any other training environment where either I or another employ such techniques. Further, I do hereby acknowledge that I am exposing myself to the risk of physical injury and death as a result of the above-listed activities and hereby assume those risks. I also agree to conduct myself in a safe and proper manner at all times during these activities. I attest and state that I am in good physical health and have either consulted a physician (or hereby waive such consultation) prior to engaging in these activities.

I understand that the nature of this training is explicitly dangerous can could result in sever injury and or death.

The provisions contained in this waiver shall apply regardless of whether a claim is based on contract, tort, strict liability or otherwise. Nor, shall the undersigned's damages (under any circumstance) exceed the amount of the purchase price which he has paid to attend the Sponsor's activities. I make this agreement as a specific inducement for The Sponsor to allow me to participate in the aforementioned activities.

Date:_____

_____ _____
Signature-Participant Printed name