



Tactical Training Facility

**2018 Course Schedule**

Please **CIRCLE** the date of training you want to attend.

<b>Basic Long Range Precision Rifle 4 Days \$700.00</b>	<b>Advanced Phase I Sniper Rifle 5 Days \$875.00</b>
April 5-8, 2018	
June 7-10, 2018	June 11-15, 2018
September 13-16, 2018	September 17-21, 2018
October 11-14, 2018	
<b>Advanced Phase II Sniper 5 Day Course \$875.00</b>	<b>Tactical Shotgun 2 Day Course \$350.00</b>
November 7-11, 2018	October 6-7, 2018
<b>Basic Defensive Pistol 2 Day Course \$350.00</b>	<b>2 Day Basic Carbine \$350.00</b>
May 5-6, 2018	June 2-3, 2018
July 7-8, 2018	
	<b>Advanced Carbine \$350.00</b>
<b>Advanced Pistol \$350.00</b>	July 21-22, 2018
June 23-24, 2018	
	<b>Women's Self Defense \$350.00</b>
	March 3-4, 2018
<b>Reactive Destabilization 2 Day Course \$400.00</b>	<b>Basic SWAT 5 Day Course \$875.00</b>
February 3-4, 2018	March 26-30, 2018
March 17-18, 2018	
<b>Urban Sniper 5 Day Course \$875.00</b>	
May 16-20, 2018	
<b>Tactical Tracking 2 Day Course \$350.00</b>	
April 21-22, 2018	



## WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

I, \_\_\_\_\_, understand that the Shooting of Firearms, specialized Marksmanship and Tactical Training Techniques are by their very nature dangerous. Accidents occurring while participating in Shooting of Firearms. Specialized Marksmanship and Tactical Training Techniques (which includes but is not limited to SHOOTING or PHYSICAL EXERTION) can result in serious injury to persons and/or property or even death.

I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Bobby Whittington, the land owners, officers, servants, agents, associates, or employees (hereinafter Referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of Actions whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any property belonging to me, WHETHER CAUSED BY MY NEGLIGENCE, THE NEGLIGENCE OF THE RELEASEES, ANYBODY ELSE'S NEGLIGENCE, or otherwise, while in, on, upon, or traveling or responding to or from the premises or location where the activity is being conducted. I am fully aware of the risks and hazards connected with Specialized Marksmanship and Tactical Training Techniques (which includes but is not limited to SHOOTING or PHYSICAL EXERTION). I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such activity, WHETHER CAUSED BY MY NEGLIGENCE, THE NEGLIGENCE OF THE RELEASEES, ANYBODY ELSE'S NEGLIGENCE, or otherwise.

I further hereby to AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees, that may incur due to my participation in said activity, WHETHER CAUSED BY MY NEGLIGENCE, THE NEGLIGENCE OF THE RELEASEES, ANYBODY ELSE'S NEGLIGENCE, or otherwise.

It is my express intent that this Release, and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative/s, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Oklahoma.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Sworn and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public My commission expires \_\_\_\_\_



Tactical Training Facility

Authorization for Background Check

I hereby authorize Bobby Whittington to conduct a background investigation. I, therefore, authorize the release of information concerning my past criminal history and activity information, and/or any other types of information concerning me which is relevant to the completion of the aforementioned background information. I further agree to waive any and all claims which may rise against anyone or entity releasing such information and further agree not to institute the legal proceedings of any kind with regards to the release of this information. I further agree to waive any and all claims which may arise against Bobby Whittington and/or his employees/associates and further agree not to institute legal proceedings of any kind against Bobby Whittington in connection with the aforementioned background investigation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Sworn and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_ My commission expires

\_\_\_\_\_  
Notary Public

(Seal/Stamp)



## ***Course Application Form***

Please print and completely fill out. Blanks will void application.

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Optional)

Name: \_\_\_\_\_  
(Last, first, middle)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Email \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_

Prior Firearms Training \_\_\_\_\_

Type of firearm to be used in class \_\_\_\_\_

Type of optics to be used with firearm:  
\_\_\_\_\_

### **Please write "yes" or "no" in blank to left of question:**

- \_\_\_ 1. Do you have any criminal convictions of any crimes to include:  
Any felony crime, crimes of moral turpitude, or domestic abuse? (If  
yes, please explain on additional sheet and attach to the back of  
this applications form)
- \_\_\_ 2. Are you an *illegal* alien in the United States of America?
- \_\_\_ 3. Can you legally own the firearm you will be training with?
- \_\_\_ 4. Do you have any illnesses or disabilities that may prevent you from  
participating in physical events or withstanding high temperatures  
for extended periods of time?
- \_\_\_ 5. Are you or have you been a member of any clandestine groups to  
include militias or hate groups? (If yes, please explain on  
additional sheet and attach to the back of this applications form,  
including status with such groups.)
- \_\_\_ 6. Have you ever been found mentally incompetent or have any  
mental illness that may compromise your judgment?

Continued.....

**Please check all that apply, but at least one of the  
following:**

- I am currently a certified law enforcement officer
- I am currently serving in the active or reserve Armed Forces or National Guard.
- I am a civilian enthusiast
- Other interests (please explain)
- 

**Describe your interests in this course:**

**What are your expectations of this course?**

**What other course(s) would you like to see offered in the future?**

**T-Shirt Size:** \_\_\_\_\_

**Emergency contact:** (person to be contacted in case of accident or emergency)

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number(s)

Home ( ) \_\_\_\_\_ - \_\_\_\_\_

Work ( ) \_\_\_\_\_ - \_\_\_\_\_

Relationship \_\_\_\_\_

By signing below, I agree and testify to the best of my knowledge the above information is true and correct. I also agree that at the discretion of Bobby Whittington, I may be removed from the course for violating any safety rule of firearms handling, or display of moral incompetence. Furthermore, this application DOES NOT grant immediate approval/acceptance into the course, and that I will be informed at a later date of my acceptance/rejection into the course.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_