

**K-9 OPERATIONS TRAINING
SECURITY AND BACKGROUND AND REGISTRATION FORM**

Today's Date: _____ Tour Name: **K-9 Operations Training** Date: **April 20th – 28th, 2012**

This application must be filled out completely by all applicants.

Dog's Name: _____ Male or Female _____

Handler's Name: _____ Title: _____

Occupation: _____ Agency: _____

Day Phone # _____ Cell Phone # _____ Fax # _____ E-Mail: _____

Address: _____ City: _____ State: _____ Zip: _____ Country: _____

Person to contact in case of an emergency: Phone # _____ Pager/ Cell # _____ Relationship: _____

Are you US citizen? _____ Passport # _____ When does passport expire? _____

Are you active duty military or law enforcement? _____ Position / rank? _____

Have a Security Clearance? _____ Level? _____ Issuing agency _____

How did you hear about our program?

Newspaper/Magazine Article _____ Personal Referral by _____

Television/Radio (specify) _____ Live Presentation at _____

Telephone Directory _____ Website /Links _____ Email from _____

Flyer/Sign found at _____ Newspaper/Magazine Advertisement _____

What specifically attracted you about our ad? _____

Do you know anyone else that could benefit from our program? _____ If so, can you provide more details: _____

PAYMENT REQUIREMENTS

Tuition is \$4,545 due by February 20th, 2012.

To arrange for bank transfer or credit card payments call Adam Shaneson at 1-516-639-8040.

Make certified checks payable to: Shaneson Consulting Group, Inc, 475 East Market Street, Long Beach, N.Y. 11561, Tax ID: 26-0396478, must arrive in time to clear by February 20th, 2012.

If the course is cancelled based on U.S. Department of State Advisory course fee will be refunded or credited towards future course at the student's discretion.

Participant / Releaser signature: _____

Print Name _____ Date _____

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CONSIDERATIONS

Shaneson Consulting Group, Inc., its officers, and employees, as well as any contract employee, contractors, agents, affiliates and volunteers are hereinafter referred to as company. Shaneson Consulting Group, Inc., provides tours and activities at various facilities and locals where tactical training, the use of force, the use of dangerous weapons and the display, use and discharge of firearms may occur. Releaser is hereby specifically requesting that company provide him/her with permission to attend tours and activities offered by company and visit facilities associated therewith. The consideration for this Release is the permission given to Releaser to participate in and attend company activities and visit various facilities as above stated.

INHERENTLY DANGEROUS ACTIVITY

Releaser has been fully advised that this programs offered by company may involve the use of force, the use of weapons and the display, use and the discharge of firearms in various situations and on various locals and that the use of force, weapons and firearms constitutes an inherently dangerous activity. Due to the strenuous and potentially hazardous nature of use of force, weapons and firearms training, no one can positively assure the student or instructor that injury will not result even during the properly supervised, indoor or outdoor, activities, visits, demonstrations and training sessions.

ASSUMPTION OF RISK

I, the undersigned, BY PLACING MY SIGNATURE UPON THIS DOCUMENT, HERBY EXPRESSLY ASSUMES ANY AND ALL RISK associated with my participation in the tours, visits and activities herein described and offered by the company.

PARTY RELEASED

In addition to the forgoing covenant not to sue, I, the undersigned, BY PLACING MY SIGNATURE UPON THIS DOCUMENT, DO HERBY FOR MYSELF, MY SPOUSE, HEIRS, NEXT TO KIN, EXECUTORS, ADMINISTRATORS, AGENTS AND ASSIGNS, WAIVE, RELEASE AND FOREVER DISCHARGE Shaneson Consulting Group, Inc., its officers, directors, members, employees, agents, and all other persons associated with the company and its tours, events, activities, programs, in any capacity, including all instructors, events and tour promoters and all fellow participants their successors and assigns from any and all liability, actions, claims, and demands for damages whatsoever due to injuries, death, or property damages which may be sustained and suffered by me or that may incur by a third party as a result of my attendance and/ or participation in any of above mentioned tours, visits, activities and events. Including injuries, death, or damages sustained and suffered by me or a third party, resulting from malicious, negligent, or normal use of techniques taught and applied by me and equipment used during or after the training programs, tests and events.

I, the undersigned, hereby acknowledge that Shaneson Consulting Group, Inc., does not carry accident or injury insurance for my benefit and that there may be certain matters for which I could be held at fault personally. In these cases, I agree to be accountable in all respects for my own conduct and all actions, claims and demands for damages, loss and injury which may arise as a result of my own conduct. I agree and hereby acknowledge that I will not ask Shaneson Consulting

Participant / Releaser signature: _____

Print Name _____ Date _____

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Group, Inc., its officers, directors, members, employees and agents to accept the consequences thereof and agree to indemnify Shaneson Consulting Group, Inc., its officers, directors, members, employees and agents from any claims or demands which might be made against Shaneson Consulting Group, Inc., its officers, directors, members, employees and agents arising out of or as a result of my own conduct.

I, the undersigned, hereby acknowledge that Shaneson Consulting Group, Inc., accept no liability or responsibility, whether occasioned by railroad, automobile, bus, boat or aircraft for any injury, damage, loss, accident, or delay which may be occasioned either by reason or defect, through acts of default of any company or person and that all the above mentioned are accepted by me as beyond the control of Shaneson Consulting Group, Inc.

I, the undersigned, agree to purchase any and all travel insurance necessary to cover any medical or other emergency incur by me while traveling and participating in a Shaneson Consulting Group, Inc. training, visit or activities. I understand that Shaneson Consulting Group, Inc., strongly recommends that every participant get and maintain adequate medical, trip cancellation, personal and baggage insurance.

COVENANT NOT TO SUE

I, the undersigned, hereby promises and agrees that I will never institute any action or suit at law inequity against the aforesaid company, nor institute, prosecute, or in any way aid in the institution or prosecution of any claim, demand, action, or cause of action for damages, costs, loss of services, expenses, or compensation for or on account of damages, costs, loss of services, expenses, or compensation for or on account of any damages, loss of injury either to person or property, or both resulting or to result, past, present, or future arising out of this privileged of receiving the said course of instruction.

I, the undersigned, declare that IT IS MY INTENTION by signing this document to bar myself forever from suing Shaneson Consulting Group, Inc., and all other persons associated with the company in any capacity even as to injuries, damages, to person or property, and illness, rights and claims not mentioned herein or not known to me.

ACKNOWLEDGMENT

I, the undersigned, HAVE CAREFULLY READ THIS DOCUMENT. I ACKNOWLEDGE THAT THIS DOCUMENT IS A CONTRACT, I UNDERSTAND ITS CONTENTS, I AGREE WITH ITS TERMS IN ALL OF THERE PARTICULARS, I ACCEPT WITHOUT RESERVATION FULL RESPONSIBILITY FOR ALL RISKS DESCRIBED IN THIS DOCUMENT AND ALL THE OBLIGATIONS AND LIMITATIONS STATED WITHIN, I UNDERSTAND THAT IT IS A PROMISE NOT TO SUE AND A RELEASE AND INDEMNITY FOR ALL CLAIMS. I UNDERSTAND THAT BY SIGNING THIS AGREEMENT, I AM GIVING UP CERTAIN LEGAL RIGHTS, WICH I, MY SPOUSE, MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, AND ASSIGNS MAY HAVE AGAINST SHANESON CONSULTING GROUP, INC., INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, ILLNESS, DEATH OR PROPERTY DAMAGE. I HEREBY DECLARE THAT I AM SIGNING THIS DOCUMENT FREELY AND VOLUNTARILY.

Participant / Releaser signature: _____

Print Name _____ Date _____