CYPRESS CREEK EMS TACTICAL OPERATIONAL MEDICAL SUPPORT COURSE

Houston, Texas

CONSENT FORM

I,	, understand that I will be training in an austere
enviro	Chemical munitions exposure (CS gas) Helicopter operations Team building physical exercises consisting of pushups, pull ups, sit ups, light running, pulling and lifting your own body weight, climbing over and under obstacles, etc. Simulated and Blank firing weapons Simunition Marking Cartridges for Force vs Forces Scenarios Pyrotechnics (distraction devices) Darkness within austere field environment Field training under physical & psychological stress conditions Simulated tactical operations Harsh environmental conditions
possi	erstand that every effort will be made to ensure the safety of all participants, but that the bility of injury exists. I also understand that designated emergency medical personnel will be the during training exercises.
	ner state that I am in good physical condition and that I have no pre-existing medical tions that preclude me from participating fully in this field-training course (See the Par-Q.
	the Cypress Creek Emergency Medical Services, Inc., and any and all participating cies, and their instructors harmless for any mishap or injury which may occur.
must years	Texas Commission on Law Enforcement require that all applicants for this training program not have been convicted of an offense of a class B misdemeanor or above within the last 5; Not currently under indictment; Never been convicted of any family violence offense; Not bited from operating a motor vehicle; Not prohibited from possessing firearms or ammunition
I unde	erstand that I am responsible for all costs of medical care administered to me.
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*This form must be returned and on file prior to the first day of class.

Email bsellers @ccems.com or fax to 281-655 0414

Printed name:

Date: