

Legal Policy

By initialing each line, you are verifying that each statement is true to the best of your knowledge. If EPA Security determines that any of the information you have provided to be falsified it could result in dismissal from the facility and/or legal action.

_____ I understand that I must positively identify myself as the same person on my enrollment form by providing a copy or a government issued photo ID upon arrival for training.

_____ I understand that I may be removed from training immediately if at any time the staff or instructors at EPA Security find my actions to be dangerous or unsatisfactory in any way.

_____ I understand that I will be handling a deadly weapon and I am aware of the importance of listening to the instructor at all times. I agree to abide by all safety guidelines set forth by EPA Security.

_____ I agree to sign a release of liability, releasing EPA Security from any injury I may obtain during training.

_____ I have read and agreed to the Class Reservations, Refunds and Cancellations policy above.

_____ I am a United States citizen or have provided proper identification (i.e. Passport) to prove good standing to receive training with EPA Security.

_____ I attest that I am of good moral character and have no felony record. My purpose for requesting training from EPA Security is so that I may be better prepared to provide lawful service to my employers or in performing lawful acts for my own use.

_____ I consent to EPA Security verifying my identity by conduction a background check.

_____ I consent to EPA taking still photos and/or video footage of me throughout my training, which may be use in print ads, online advertising, or any other means to positively promote EPA Security. (Note: Declining to sign this line will in no way affect your training)

Student Signature

Home Phone _____ Cell Phone _____

Emergency Contact Name _____ Number _____

General

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