

Aerosol Weapons OC Training Registration

Check one:

Basic User Instructor

PLEASE PRINT

Name _____

Agency _____

Address _____

City _____ State _____ Zip _____

Telephone (W) _____ Telephone (C) _____

E-Mail _____

DATE OF CLASS _____ Amount enclosed _____

Assumption of risk: I am submitting this payment for acceptance to this training. I understand there is a no refund policy within the 30 prior to the start of class. I also understand that if I am unable to pass the testing or if I am removed from this class due to violations on my part, I am not entitled a refund. I am participating voluntarily in this training course with the knowledge of the risks involved. I hereby agree to accept any and all risks including, but not limited to, skin, eye, nose, and lung irritation, redness and swelling of the eyes, difficulty breathing and burning of the skin and eyes.

Signed: _____ Date: _____

The course fee is payable by check, money order or cash. I do not accept credit cards. Please print this form and make payable to: AJ Enterprises

Mail to: AJ Enterprises P.O Box 2453 Bristol CT 06011-2453