



SECURITY SOLUTIONS INTERNATIONAL
SWAT CTU Ops - Explosives Awareness & Mitigation
COURSE OPERATOR EQUIPMENT LIST

SAFETY

- Helmet
- Safety Eyewear
- Cup
- Elbow Pads
- Knee Pads
- Earplugs

TACTICAL EQUIPMENT

- Tactical Vest
- Weapons
 - (1) – Rifle
 - (1) - Handgun
- Simmunitions
 - Minimum – (125) Rounds
 - Recommended – (175) Rounds
- Distractive Devices (Flash bangs)
 - (2) – Per Operator
- Radio

SWAT CTU Ops

Explosives Awareness & Mitigation at **Camp Blanding, Florida** scheduled to start on:

February 22nd - 26th, 2010

However, all registrants must know that we will require full registration and payment not later than 30 days before the first day of training.

If you are interested, please complete the attached forms as soon as possible.

1. The training length is 5-days in duration. The training is limited to 24 participants/operators. This course is **ONLY** open to those personnel who are certified operators of their Agency's Special Operations Team.

2. Attached as part of the application is the equipment checklist for each operator. It is very important that each operator go through each item on the list and make sure they have the required equipment for the training. Any questions on the equipment needed for the training please call (786) 573 3999. x-101

In addition, we will also be sending you contact information, training itinerary, equipment checklist, and base and lodging information

Do not book any flights or travel arrangements until we contact you

3. Please return the enclosed forms as soon as possible to expedite the confirmation process.

4. No later than 45 days before the start of training, you must either pay for the training in full or provide an official agency commitment to pay for the training specifying when your agency will pay for the training. Any cancellation after that date will mean forfeiting the entire amount paid - \$995.00 per person. If you cancel before the expiry date, there will be no penalty, even if you pay now.

5. We will be giving you a meeting designation area at Camp Blanding and date and time of arrival so that we can all meet before training to go over policies and security procedures. This is likely to be the evening before training. We will be assigning room shares at this time if this is applicable. If you are traveling with someone else and want to share with that person, please indicate this on your form. Please plan to attend this meeting before the start of training.

6. SSI personnel will be in attendance at all points to ensure that you receive the elite training SSI has provided.

7. Weather in Central Florida can be hot and sometimes humid during May. Plan accordingly for uniforms. After hours, on your own time, you can travel out in town for meals, shopping, etc.

8. Meals are the responsibility of the participant. There is a base cafeteria with reasonable pricing for breakfast, lunch, and dinner. You are also more than welcome to leave the base for meals.

Please feel free to call me with any questions you may have! Thank you.

Click on the link below for the itinerary:

<http://www.homelandsecurityssi.com/ssi/content/view/139/150/>

Best Regards,

Ileana Bustillo **(ILI)**
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Security Solutions International LLC
SWAT CTU Ops - Explosives Awareness & Mitigation

SIMUNITION® Safety
OFFICER INFORMATION

Name: _____
(Please Print)

Address _____

Note: All individuals participating in the training program must review and sign this certification. Refusal or failure to sign will result in denial of any participation in the training event.

1. Do you have any physical disability, limitation, illness or any other condition that might impair your ability to safely participate in any aspect of this training including the use of Simunition? Yes _____ No _____ (Initials) _____.
2. Are you currently under the influence of any medication (prescription or non-prescription)? Yes _____ No _____ (Initials) _____. If you answered **YES** to this question, answer Question 3. If you answered **NO** to this question skip question 3 and 4 and go to question 5.
3. Will the influence of any medication you are taking effect, in any way, your ability to safely handle a firearm and/or safely participate in this training? Yes _____ No _____ (Initials) _____. If you answered **YES** to this question, answer question 4.
4. If you are taking any medications do you have a doctor's authorization or clearance to participate in force on force simunition training activities? Yes _____ No _____ (Initials) _____. If you answered **NO** to this question **Stop**.
5. Are you currently under the influence of alcohol? Yes _____ No _____ (Initials) _____. If you answered **YES** to this question **Stop**.

RULES AND PROCEDURES

I acknowledge and agree to observe and comply with the following procedures and requirements and I certify that I will conform to all safety rules and procedures associated with participation in the use off Simunitions as a part of this training program.

1. I will not bring any weapons, magazines or ammunition to the training site at any time.

2. I will always keep my finger outside the trigger guard until I intend to fire. I understand this also applies to drawing and holstering my firearm.
3. After every scenario I will decock my firearm before holstering.
4. I will wear appropriate clothing at all times during training, which will not allow any exposed skin areas.
5. I will wear all protective equipment properly and will not remove it until given the command to do so by an instructor.
6. I understand there will be no eating, drinking, or any use of tobacco while in the SAFE ZONE.
7. I understand participants are never permitted to leave the SAFE ZONE until the TSO declares the site cold.
8. I understand that all participants must immediately comply with all commands issued by instructors.
9. I certify that I am familiar with the functioning of my safety equipment and that I am capable of using it in an effective manner.
10. If at any time someone perceives a situation to be hazardous, they are to shout "Cease Fire" until everyone complies. Upon hearing "Cease Fire" all participants and observers will immediately stop all action and keep weapons pointed in a safe direction until receiving further orders.
11. If a piece of mandatory equipment becomes dislodged, immediately protect the exposed area with the hands and go to the ground calling "Cease Fire". Replace the equipment when the action has stopped and it is safe to do so.
12. If there is activity in the course in which you feel uncomfortable participating in for any reason, it is your responsibility to bring it to the attention of the instructor prior to participating.
13. No unsafe behavior or horse play will be tolerated.
14. If in doubt about something, ask... the only stupid question is the one that is not asked, resulting in injury,
15. Report any and all injuries immediately to the instructor.

16. Protective equipment must be worn by all participants, roll players and observers.

17. I certify that I am in compliance with the equipment requirements of this training program (see equipment list).

18. I understand that if I violate any training safety rules or procedures I will be immediately removed from the training site and that my ability to continue in the training will be at the sole discretion of the officer in charge.

I certify and declare that this document and any attachments contain no misrepresentations or falsification; omission or concealment of material fact and that information given by me is true and complete to the best of my knowledge and belief. I am signing this document with the full understanding that submission of any misrepresentation or falsification, or the omission or concealment of material fact will subject me to all available civil and/or criminal penalties.

_____ Date: _____
(Signature)

**WAIVER AND RELEASE OF LIABILITY
AND ASSUMPTION OF RISK ACKNOWLEDGEMENT**

DEFINITIONS:

Facilities –Camp Blanding, Florida and their training facilities, members and firing ranges

Indemnitees– Security Solutions International LLC including all affiliates, officers, directors, shareholders, agents, employees, representatives and advisors), and/or Mr. _____, and/or Mr. _____ and/or Mr. _____ of Israel, jointly and separately.

Indemnitor – The individual signing below, and his/her heirs, administrators, executors, and assigns.

The **Indemnitor** HEREBY RELEASES, WAIVES, DISCHARGES AND AGREE NOT TO SUE the **Indemnitees** from any liability for any and all loss or damages from illness and/or injury and/or death and/or damages to property, and/or any other kind of damage that arises out of, or is connected with, or in any manner relates directly or indirectly to, **Indemnitor's** use of the **Facilities, training in Israeli Tactical procedures** and services provided at the **Facilities**, including negligent rescue operations.

The Security Solutions International LLC and the Israeli trainers that are coming specifically to impart know-how in Israeli methods requested that simmunion be used to reduce liability.

This agreement also releases the trainer, Mr. _____, _____, and _____ of Israel from any liability for damages from illness and/or injury and/or death and/or any other kind of damage that arises out of, or is connected with, or in any manner relates to, **Indemnitor's** use of the **Facilities, training in Israeli tactical procedures** and services provided at the **Facilities**.

The **Indemnitor** HEREBY SEPARATELY agree to INDEMNIFY and SAVE and HOLD HARMLESS the **Indemnitees** from any loss, liability, damage or cost that they may incur, now and forever, arising out of or related, directly or indirectly to, **Indemnitor's** use of the **Facilities, training in Israeli Tactical procedures** and services provided at the **Facilities**, whether caused by the negligence of the **Indemnitees** or otherwise.

Indemnitor represents that:

1. I am 18 years of age or older and empowered to sign this agreement on behalf of (Your Agency)
_____.
2. I am submitting this release, waiver of liability, and assumption of risk declaration voluntarily and of my own free will.
3. I have no physical or emotional problems, nor any history thereof, which will impair my ability to utilize the **Facilities** and its services in a safe manner.
4. I understand and agree that it is my responsibility to assess the hazards presented by my use of the **Facilities** and services of the **Facilities**, and further agree that I am the ultimate judge as to whether I can use the **Facilities** and services without risk of harm to myself or to the members of the training group from Broward County Sheriff's office.
5. I understand and EXPRESSLY ASSUME all the dangers incident to using the **Facilities** and their services, and hereby RELEASE ALL CLAIMS, including but not limited to, personal injury, property damage or destruction, and death, whether caused by NEGLIGENCE, breach of contract or otherwise, and whether for bodily injury, property damage or loss otherwise, which I may ever have against the **Indemnitees**.

I have read this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, to the extent such rights exists, am aware of its legal consequences, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature: _____

Print Name: _____