



C.R.I. - Counter Terrorism Training School, Inc.

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Memorandum of Record

TO: Future CRI Students
FROM: CRI - Counter Terrorism Training School, Inc.
SUBJECT: Physical Consultation Waiver

I hereby acknowledge that I have reviewed the course outline(s) and I am submitting this waiver request to CRI that indicates I am physically and mentally prepared for the intensity level and duration of the upcoming course mentioned below (please select all courses that apply) to include: good flexibility, good cardiovascular health, no history of high blood pressure or a condition (physical or mental) that would impact my performance during the course.

I understand that I need to inform Administration and my Instructors if there is/or has been any medical issue (former or present) that should be brought to their attention prior to the course (no later than 2 weeks prior to the course) or **IMMEDIATELY** if an event occurs during the course.

- Advanced Bodyguard/PSD Operator Course
- Krav Haganah Instructor Course
- Counter Terrorism Instructor Course

CRI will not assume any responsibility or liability for students failing to bring a condition to our attention. CRI reserves the right to request that a student have their personal primary care physician sign off on the training.

Student Acknowledgement/Signature

Date

Christine Carson, Training Coordinator

Date
