

CT 707

LAW ENFORCEMENT TRAINING DIVISION



LAW ENFORCEMENT KRAV MAGA INSTRUCTOR CERTIFICATION

Hosted and sponsored by:

The
**ARKANSAS ATTORNEY
GENERAL'S OFFICE**



The Course: This 5-day course focuses on the subject of physical engagement between an Officer and a subject. Specifically, the course will present the most optimal responses to address Non-compliant subject control as well as Empty-hand Officer survival/Violent threat mitigation. Subjects include: the Use of Force Model, control tactics, countering strikes and grabs, defense against impact weapons, defense against knife attacks, defense against handgun and long gun threats, weapon retention, passive and active tactical handcuffing, subject search, solo Officer high-risk arrest.

The Instructor: Nir Maman - Nir served in the Israeli Special Forces as an Operational Team Leader on the Counter Terror Unit and at the Counter Terror School as the Lead Instructor on the Hostage Rescue Section. He was also in charge of the CT School's International Joint Forces Training Missions Section and responsible for training all the Allied Nations Special Operations/Forces Units that would attend the IDF CT school in preparation for deployments to Iraq and Afghanistan, including all the units under the US Special Operations Command. Nir also has a Law Enforcement background in Canada and the US which includes patrol, Tactical/SWAT operations, and Use of Force, firearms, and tactical Instructor. Nir has a Martial Arts background of 40 years and holds Black Belts and Instructor certifications in Krav Maga, JKD/FMA, Hap Ki Do, Tae Kwon Do, and several Police DT systems.



***The Arkansas Attorney General's Office, in extending their support for the Law Enforcement community, will be covering the full course tuition for the first 20 Arkansas POST certified Law Enforcement Officers who wish to attend this course! ***

Course location: Little Rock, Arkansas, USA

Course date: September 19-23 / 2022 **Course cost:** \$950

To register or for further information please contact: Nmaman@CT707.com

**Arkansas LEO's who wish to attend may contact the Attorney General's Office directly at: (501) 682-2007 OAG@ARKANSASAG.GOV



www.CT707.com

CT 707 INC

Course registration form for:

Law Enforcement Krav Maga Instructor Certification – Arkansas USA Sept 2022

-Please complete and return by: September 5/2022

-Return to: Nmaman@CT707.com

Personal Information:

Name: _____ Date of birth: _____ Age: _____

Address: _____
Street and house/apt number

City	State/Province	Country	Zip code
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Telephone number: (Res) _____ (Cell) _____

E-mail address: _____

Background Information:

Employment: Occupation _____

Name of employer _____

Position held _____

Employer address _____

Employer telephone _____

Qualifications:

Martial Arts background and experience: Please list all styles/systems of experience, ranks achieved, and years of training in each:

Instructor certification(s): Please list any Instructor certifications achieved, including the style/system, organization, and year certification was achieved. Include any Law Enforcement and/or Military certification:

Medical Information:

This course consists of extensive physical training of varying degrees of difficulty including physical contact with other course participants. Performance and application of material and techniques taught in this course may result in personal injury or compound current existing injuries.

- 1) Do you have any medical conditions or injuries that prohibit you from participating in this type or any type of physical activity? _____ if yes, please explain:

- 2) Do you have any medical conditions or injuries that may become compounded, aggravated, or worsen due to participation in this type or any type of physical activity? _____ if yes, please explain:

- 3) Do you have any medical conditions or injuries that may be hazardous to other course participants due to your involvement in this course? _____ if yes, please explain:

- 4) Has any doctor ever advised you to not participate in this type of or any type of physical activity: _____ if yes, please explain:

Integrity Background Information:

- 1) Have you ever been charged with or convicted of a criminal (Felony/Indictable) offence in any country? If yes, please explain:

- 2) Have you ever received a Pardon for any criminal conviction in any country? _____ If yes, please explain:

- 3) Have you ever been legally prohibited from acquiring or possessing firearms? _____ If yes, please explain:

- 4) Do you have any association to any criminal, terrorist, or anti Israel groups/organizations in any country? _____

1. Course: Law Enforcement Krav Maga Instructor certification

Course Information:

Course name: _____

Course location: _____

Course date: from _____ to _____ Course Fee: _____

Certification type (*Circle appropriate field*): Initial certification Recertification Mil/LE

Affirmation and Consent to Disclosure:

I, _____ am choosing to register for this course. By remitting this registration form I acknowledge that I have fully understood all the questions asked and that I have answered them all fully, accurately, and honestly.

I fully understand that the personal information collected in this registration form about myself, will be used to assess my candidacy and integrity to participate in this course. This may include verification of all information provided, including employment, medical, and criminal background verification.

I understand that this information will be kept strictly confidential and only used for the intended purposes of this registration and participation process, and I fully consent for this information to be used in any way necessary for the purpose of validating my acceptance for this course.

I acknowledge that all the information I provided in this form is accurate and honest, and I understand that any misleading or false information may result in action taken against me at my own expense including having my candidacy for participation in this course being revoked with no refund, in being removed from the course at any point in time with no payment refund, in having any certification issued by CT707/the course instructor(s)/organizer(s) revoked or cancelled, and in possibly having legal action taken against me for possible damages.

I fully understand the nature of this course and acknowledge that I am in appropriate physical, mental, and emotional condition to participate. By remitting this registration form, I am consenting and agree to these terms.

Name: _____

Date: _____

Signature: _____

Liability/Waiver Form

Assumption of Risk, Waiver, and Release from Liability

CT-707 Israeli Krav Systems Inc.

Signature _____

Date _____

Printed Name _____

Address _____

Phone _____

Email _____

Age _____

Gender _____

Emergency Contact Information:

Name _____

Relationship _____

Address _____

Phone _____

Course: _____

Course Location: _____

Course Dates: _____

Course Instructor(s): _____

CT-707 Israeli Krav Systems
Assumption of Risk, Waiver, and Release from Liability

I, _____, (referred to herein as "I" and/or "Student") desire to participate in CT-707 Defense Solutions, LLC d/b/a CT- 707 Israeli Krav Systems (referred to here as "Provider") program referred to as _____ (hereinafter "the Program"). This Assumption of Risk, Waiver, and Release from Liability covers the entirety of my participation in the Program.

1. **Risk Factors:** I understand and acknowledge that participation in the Program involves risks including, but not limited to the following: risk of property damage, bodily injury, including, but not limited to permanent disability, paralysis, and possibly death. These risks may result from a variety of circumstances including, but not limited to, the use or misuse of equipment or facilities, from the activity involved in the Program itself, from the acts or inactions of myself or others, including Provider and its instructors and agents and students, the conditions in which the Program takes place, or the negligence of the Released Parties named below, or from the unavailability of emergency medical care. Initial _____

I further understand and acknowledge that the Program and self-defense training involves a wide variety of skills; and that while practicing these skills, other participants and instructors may have contact with any portion of my body. For example, the groin may be a target of kicks, strikes and grabs; the chest, buttocks, groin or any part of the body may be contacted by any part of the training partner's body during training by self-defense techniques, or incidentally contacted while performing a self-defense technique targeting another portion of the body. Initial _____

I further understand and acknowledge that the Program and the nature of self-defense training inherently involve risk and potentially dangerous activities. Bumps, bruises, scrapes, scratches and soreness are commonplace, and I understand that I will likely encounter this sort of minor injury from time to time as a result of participation in the Program. I also acknowledge and understand that injuries are possible, including sprains, twists, cramps, and injuries of similar magnitude, as well as the possibility of more serious injuries, including fractured bones, broken bones, and torn ligaments. There remains, despite safety precautions, the remote possibility of permanent disability, paralysis, and possibly death. Additionally, there is a risk of emotional distress due to the nature of training. Initial _____

2. **Assumption of Risk:** I am participating in the Program at my own free will. I assume full responsibility for all risks that may arise out of or result from my participation in the Program, including by not limited to those risks described in Section 1, above. I understand and accept that there may be other risks or social and economic losses either not known to me or not readily foreseeable at this time and I fully accept and assume all such risks and all responsibility for losses, costs and damages that I incur as a result of my participation in the Program. I certify that I am physically fit, have sufficiently prepared or trained for participation in the Program and have not been advised by a qualified medical professional to not participate in the Program. I certify that there are no health-related or emotional reasons or problems which preclude my participation in the Program. Initial _____

3. **Waiver and Release:** I hereby waive, release and discharge Provider, and all of their affiliates, predecessors, successors, trustees, officers, directors, employees, instructors, agents and representatives, and landlords/lessees of premises in which Program takes place, past or present (hereinafter jointly referred to as "the Released Parties") from any and all claims, suits, liabilities, judgments, costs and expenses ("Claims") for any property damage, property loss or theft, personal injury or illness, death or other loss arising from or relating to my participation in the Program, including as a result of the negligence of the Released Parties or myself. I hereby waive any protections afforded by any statute or law in any jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise which the person giving the release does not know or suspect to exist at the time of executing the release. This means, in part, that I am releasing unknown future claims. Initial _____

4. **Indemnification, Hold Harmless and Promise Not to Sue:** I agree to defend, indemnify and hold harmless the Released Parties from and against any Claims arising from or related to my participation in the Program whether caused by the negligence of myself or others. I agree to pay for any and all damages to any property or Released Party caused by me negligently, willfully or otherwise. I agree not to bring any claim or suit against Provider and/or the Released Parties for any injury or harm sustained during my participation in the Program. I further agree that I will not cause to be brought, nor encourage a claim or suit, nor cooperate in bringing such a suit or claim except insofar as I may be legally required to do so. Initial _____

5. **Prerequisite Skills:** I acknowledge that I have the requisite skills, qualifications, physical ability and training necessary to properly and safely participate in the Program. I agree that if I have any questions as to what skills, qualifications, or training is necessary to properly participate in the Program, then I shall direct such questions to the appropriate individuals of Provider. I further agree and warrant that if, at any time, I believe the conditions to be unsafe, I will immediately discontinue further participation in the Program. Initial _____

6. **Representatives:** I enter into this agreement for myself, as well as for my heirs, assigns and legal representatives. Initial _____

7. **Consent for Emergency Treatment:** I consent to medical treatment for emergencies that occur during or are related to my participation in the Program where I am unable to consent to such treatment. I understand the provisions of this Assumption of Risk, Waiver, and Release from Liability apply to any treatment that might be provided to me under this Section, including but not limited to Section 1, Section 2, and Section 5. Initial _____

8. **Insurance:** I understand that I am solely responsible for any medical, health or personal injury costs relating to my participation in the Program. I understand that I am strongly encouraged to have a medical physical examination and purchase health insurance prior to any and all participation in the Program. Initial _____

9. **Arbitration:** Should any dispute arise between me (or the minor) and Provider/Released Parties, related to this Assumption of Risk, Waiver, and Release from Liability, including participation in the Program, I specifically agree that the dispute shall be resolved in binding arbitration and should a suit be filed in Court, I specifically authorize the Court to order the case to binding arbitration. Initial _____

10. **Severability:** If any term or provision of this Assumption of Risk, Waiver, and Release from Liability is held to be illegal, invalid or unenforceable, or the application thereof to any person or circumstance shall to any extent be illegal, invalid or unenforceable under present or future laws effective during the term hereof or of any provisions hereof which survive termination, then and in any such event, it is the express intention of the parties that the remainder of this Assumption of Risk, Waiver, and Release from Liability, or the application of such term, clause or provision other than to those as to which it is held illegal, invalid or unenforceable, shall not be affected thereby, and each term, clause or provision of this Assumption of Risk, Waiver, and Release from Liability and the application thereof shall be legal, valid and enforceable to the fullest extent permitted by law. Initial _____

I have read and fully understand this Assumption of Risk, Waiver, and Release from Liability and understand that it relates to surrendering and releasing valuable legal rights. I do so freely and voluntarily without any inducement or assurance of any nature, and I intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the remainder, notwithstanding, shall continue in full force and effect.

PRINTED NAME: _____

SIGNATURE: _____ Date: _____

Consent and Release on Behalf of Minor by Parent/Legal Guardian

I am the parent or legal guardian of the above named minor. I have read this Assumption of Risk, Waiver, and Release from Liability in its entirety and fully understand that it relates to surrendering valuable legal rights of the minor and myself. I fully understand and agree to be bound by all the terms of the Assumption of Risk, Waiver, and Release from Liability on my behalf and on behalf of the minor. I further give my consent to the minor's participation in the Program.

PRINTED NAME: _____

SIGNATURE: _____ Date: _____

For Office Use Only:

1) Course fee: _____

Date received: _____

Balance owed: _____

Balance received: _____ Date balance received: _____

Method of payment: _____

2) Background check completed: **YES** **NO**

Issues:

3) Applicant approved: **YES** **NO**

Reason:

Application processed by: