# **CT 707**





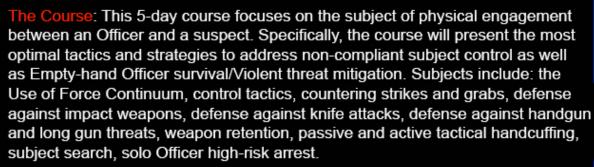
# LAW ENFORCEMENT KRAV MAGA INSTRUCTOR CERTIFICATION

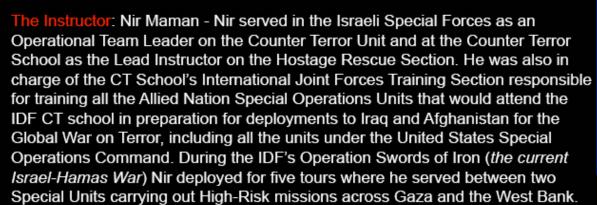


Hosted by:

The Quarryville Borough Police Department Lancaster County, Pennsylvania

Presented by: CT 707 Inc.





Nir also has a Law Enforcement background in Canada and the U.S. which includes patrol, Tactical/SWAT operations, and Use of Force, firearms, and tactical Instructor. Nir has a Martial Arts background of over 40 years and holds Black Belts in Krav Maga (5th Dan), Tae Kwon Do (3rd Dan), Hap Ki Do (1st Dan), and an Instructor in Jeet Kune Do and Filipino Martial Arts.

Course location: Lancaster County, Pennsylvania, USA

Course date: November 17 - 21 / 2025 Course cost: \$850

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







### **CT 707 INC**

#### **Course registration form for:**

#### <u>Law Enforcement Krav Maga Instructor Certification - PA - November 17-21/2025</u>

-Completed registration form and payment must be received by: November 7/2025

-Return to: Nmaman@CT707.com

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Pers	onal	Info	rm	ation	1

Name:		Date of birth:	Age:_
Address:		ant number	
	Street and house/a	pt number	
City	State/Province	Country	Zip code
Telephone number	: (Res)	(Cell)	
E-mail address:			
Background Info	rmation:		
Employment: Occup	ation		
Name of employer			
Position held			
Employer address			
Employer telephone			

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

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?

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

## 1. <u>Course</u>: Law Enforcement Krav Maga Instructor certification

Course Information:		
Course name:		
Course location:		
Course date: from	to	Course Fee: \$850.00 USD
Affirmation and Consent to Disclosur	<u>re</u> :	
I,		er for this course. By remitting tions asked and that I have
I fully understand that the personal information of used to assess my candidacy and integrity to par information provided, including employment, me	rticipate in this course. This	may include verification of all
I understand that this information will be kept st of this registration and participation process, and necessary for the purpose of validating my accep	d I fully consent for this infor	
I acknowledge that all the information I provided that any misleading or false information may resincluding having my candidacy for participation in removed from the course at any point in time with by CT707/the course instructor(s)/organizer(s) retaken against me for possible damages.	ult in action taken against m n this course being revoked th no payment refund, in ha	ne at my own expense with no refund, in being ving any certification issued
I fully understand the nature of this course and a and emotional condition to participate. By remitt 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):	

# <u>CT-707 Israeli Krav Systems</u> Assumption of Risk, Waiver, and Release from Liability

I,, (referred to herein as "I" and/or "Student") desire to participate in CT-
707 Israeli Krav Systems Inc (referred to here as "Provider") program referred to as Law Enforcement Krav Maga Instructor Certification (hereinafter "the Program"). This Assumption of Risk, Waiver, and Release from Liability covers the entirety of my participation in the Program.
1. <b>Risk Factors</b> : 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. <b>Assumption of Risk:</b> 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. <b>Waiver and Release:</b> 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. <b>Indemnification, Hold Harmless and Promise Not to Sue:</b> 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 \_\_\_\_\_

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 wil immediately discontinue further participation in the Program.
Initial
6. <b>Representatives:</b> I enter into this agreement for myself, as well as for my heirs, assigns and legal representatives
Initial
7. <b>Consent for Emergency Treatment</b> : 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. <b>Arbitration:</b> 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 orde the case to binding arbitration.
Initial
10. <b>Severability:</b> 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 fulles
extent permitted by law.  Initial
I have read and fully understand this Assumption of Risk, Waiver, and Release from Liability and understand that i 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 greates 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:

### For Office Use Only:

1) Course fee:	
Date received:	-
Balance owed:	
Balance received:	Date balance received:
Method of payment:	
2) Background check completed: <b>YES</b>	NO
Issues:	
3) Applicant approved: YES NO	
Reason:	
Application processed by:	