



## SIMUNITION® Training Safety Certification FETC FORM 26

### OFFICER INFORMATION

Name: \_\_\_\_\_  
(Please Print)

SSN#: \_\_\_\_\_ County: \_\_\_\_\_

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

### **SIMUNITION® Training Safety Rules**

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 SIMUNITION® training? 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 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 SIMUNITION® training.**

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. I certify that I am in compliance with the Commission's equipment requirements.
11. 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, including the penalties under 18 Pa.C.S.A. § 4904.

\_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)