

MODERN DEFENSIVE TRAINING SYSTEMS, LLC

APPLICATION FOR INSTRUCTION

To be considered for acceptance into a Modern Defensive Training Systems, LLC (MDTS, LLC) course of instruction, this application must be completed in its entirety and submitted with full payment or a 50% tuition deposit. MDTS, LLC reserves the right to deny training to **anyone** for **any reason**. In the event an application is not accepted or an event is cancelled, the full amount of tuition paid will be promptly refunded. The balance of a tuition deposit is due at the beginning of the first day of training.

APPLICANT INFORMATION

Full Name _____ Date of Birth _____
You are a U.S. Citizen? Yes or NO _____ Date of Application _____
Address _____ City _____ State _____
Zip Code _____ Driver's License # _____
State _____ Phone _____
Occupation _____ Email _____
Name and Relation of Emergency Contact _____ Phone _____

COURSE SELECTION

Title _____ Date(s) _____ Length _____
Cost _____ Location _____
Host Organization (if applicable) _____

Please make checks or money orders payable to MDTS, LLC and include with application. Upon receipt of the application and course tuition, event information will be provided containing training site location, equipment requirements and recommendations, nearby lodging information, and other pertinent details. For those wishing to pay in the form of a credit card, please contact MDTS, LLC directly or register over the World Wide Web via PayPal at www.mdtstraining.com/services.htm - For administrative purposes, one application must be completed for each event. For those wishing to reserve more than one slot at a time, please complete and submit a separate application with payment.

STATEMENT OF NO CRIMINAL RECORD, MENTAL ILLNESS, OR SUBSTANCE ABUSE

By my signature on this application, I state that I have no criminal history preventing me from possessing a firearm, am not currently under indictment or prosecution for any offense, and am not wanted for questioning or arrest by any law enforcement or government agency. I further state that I have no history of mental illness or substance abuse. I understand that my training may be terminated at any time during the course if my actions are not deemed appropriate by the training staff. Upon arriving at the course, I agree to sign a document releasing MDTS, LLC from any liability that may occur during the course of training or thereafter. I understand that 100% of the course tuition is non-refundable without 15 days advance written notice of cancellation.

Applicant's Signature _____ Date _____

MDTS, LLC
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