

Operating Near Extreme Stress Drills - Statement of Understanding - Release of Responsibility

This document is a statement of understanding as it applies to the aspects of Operating Near Extreme Stress Drills (ONES-Drills) that will take you as the Student/trainee to a heightened and close to realistic level of stress in a simulate tactical situation.

It is also a add on to the Battleline Tactical Waiver that will release of responsibility as it applies to the methods of which the ONES-Drills takes place and incorporates.

You are Required to read this document in its entirety, answer all questions, initial in all applicable areas, and sign the bottom before you can take part in this ONES Drill training event.

Answer the Follow Questions to the best of your ability.

1. If you could choose one (Pick One) or the other without any consequences, would you rather be 30 min early for work or would you rather leave 30 min early? _____
2. Overall would you rather tell someone to Do something or Persuade them to do it? ____ Do ____ Persuade
3. Overall would you say you Let Things Go or are you a Perfectionist? ____ Let Things Go ____ Perfectionist
4. List three dominate Qualities family or friends would say best describe you.
 - a. _____
 - b. _____
 - c. _____
5. List three things describe a Laptop and a Desktop Computer.
 - a. _____
 - b. _____
 - c. _____

The following are aspects of this training you have to acknowledge you are aware of before continuing training;

1. You as the student/trainee can call Cease-Fire, Stop, Halt, ENDEX, or any other form of command (verbal or visual) to have the instructors and assistance stop all training. Doing this will stop the evolution of the training. You will be recycled to the rear of the line up to retry the training. If you choose not to continue the training you will not receive the official evaluation certificate and there will be no negative action or documentation. You can reattend the training when ever you are ready. INT: _____
2. No personnel are allowed to make physical contact with you without your direct permission to do so. Special Note: This does not apply to if you are committing a serious safety violation that puts you or other personnel in a loss of life, limb, or eyesight situation. Any personnel will be allowed to take the necessary action to prevent this type of violation. INT: _____
3. The Range Medical Personnel (RMP) or Range Safety Officer (RSO) can only make physical contact with you without your permission if you are in need of medical help and cannot communicate or if you commit a safety violation as listed in paragraph two (2) above. INT: _____
4. You understand that you are required to wear a Transcutaneous Electrical Nerve Stimulation (TENS) unit or other specialized device that will be set to a predesignated setting that will cause you discomfort or safe controlled pain using safe electrical pulses or other sensations throughout the training evolution. INT: _____
5. You understand that the instructors and support personnel may use verbal insults that are viewed as abusive, sexist, racial, or even as threatening/hate speech as it applies to specific social circles or federal/state laws to only increase your stress level and in no way are serous or support this type language outside of this specific training event. INT: _____

The following is a release of responsibility as it applies to the methods of which the ONES-Drills takes place and incorporates.

1. You release any responsibility as it applies to the language and verbal insults the instructors or the designated support personnel/staff will use during the evolution of the ONES-Drills only. This does not apply to any language and verbal insults that occur before or after the official completion of the ONES-Drills. INT: _____
2. You release any responsibility as it applies to any physical injuries and Mental/Emotional Stress that may happen to you if any personnel on the range have to take appropriate action to stop you from committing any unsafe or dangerous actions that may cause a loss of life, limb, or eyesight to yourself or others. INT: _____

I the undersigned as the Student/Trainee confirm that I have read and understand this document in its entirety. I also confirm that I am signing this document under my own free will without any protest to any of the stipulations or agreements listed within.

Student/Trainee

Witness

Printed Name: _____

Printed Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

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