



Mid-Atlantic Tactical Officer's Assoc. & **Iron Cross**



Tactical Pistol and Carbine Course

May 18-20, 2010
0800 x 1600
Fort Dix Joint Military Base
Wrightstown, NJ 08640

The City of Elizabeth Police Department is hosting this course.

Tactical Pistol and Carbine is a comprehensive and fundamental intensive approach to training operators with their primary and secondary firearms. Training is conducted utilizing a “crawl, walk, run” methodology. Instruction begins with classroom overview of the fundamentals of marksmanship and weapon characteristics. Training continues on the range with live fire evolutions focusing on the target objective: Shoot, Move and Communicate.

Equipment Needed:

1. Any service / tactical gear utilized by the operator on a call out or duty function.
2. Body armor, eye and ear protection.
3. Handgun and long-gun.
4. 500 rounds of handgun ammunition and @ least 4 magazines.
5. 700 rounds of long gun ammunition and @ least 6 magazines.
6. Any food and beverages required by the operator.
7. Clothing for the appropriate weather conditions.

Training Information:

- **Cost:** \$215 NON-MATOA MEMBERS, \$175 MEMBERS
- **Course certificates:** issued at the completion of the training.
- **Questions?** Contact Lt. Jim Sacca, Elizabeth PD (NJ) @ 908-403-3591

Detach bottom portion and mail it to the address below.

Check One: New Member: _____ Active Member: _____

Name/Rank: _____ Agency/State: _____

Agency Address: _____ City/State _____

Agency Phone Number: _____ Cellular Phone Number: _____

Email Address: _____

Emergency Contact Person: _____ Contact Phone Number: _____

Registration Deadline is: May14, 2010

Send your check, cash, or money order to: MATOA P.O. Box 11822, Wilmington, DE 19850.

Attach the Liability Waiver To This Application

**THE MID-ATLANTIC TACTICAL OFFICERS' ASSOCIATION
INFORMED CONSENT TO PARTICIPATE AND
GENERAL RELEASE OF LAIBILITY**

I, the undersigned do hereby state that I wish to participate in the activities sponsored by the Mid-Atlantic Tactical Officers Association, (M.A.T.O.A.).

The M.A.T.O.A. has rules which govern and may restrict the activities in which I can participate. These rules include, but are not limited to the charter, articles of incorporation, by laws and regulations maintained by the M.A.T.O.A. I agree to follow those rules in order to participate in the M.A.T.O.A.'s activities.

I understand that all of the activities are voluntary and that I do not have to participate unless I choose to do so. I understand that these activities are potentially dangerous or harmful to my person or property, and that by participating I voluntarily accept and assume the risk to myself and to my property.

I understand that the M.A.T.O.A. makes no representation or claims as to the condition or safety of the land, structures or surroundings, whether or not owned, leased, operated or maintained by the M.A.T.O.A.

I understand that the M.A.T.O.A. does NOT provide any insurance coverage for me or my property. I acknowledge that I am responsible for my own safety and my own health care needs, and for the protection of my property.

In consideration for allowing me to participate in the M.A.T.O.A.'s activities, classes and events I agree to release from liability and hold harmless the M.A.T.O.A., its officers, instructors, employees and co-host agencies acting within the scope of their duties, for any injury to my person or damage to my property.

This informed consent and release shall be binding upon me, my heirs, assigns, executors, administrators, successors in interest, and/or any person suing on my behalf.

I have read and understood the statements contained within this document. I agree with its terms and have knowingly and voluntarily signed it. I understand that this document is complete unto itself and that any oral promises or representations made to me concerning this document and/or its terms are not binding upon the M.A.T.O.A., its officers, agents, instructors, co-hosting agencies and or/employees.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ AND UNDERSTOOD THIS RELEASE AND UNDERSTAND ALL OF ITS TERMS. I EXECUTE THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE.

Participant's Signature _____

Participant's Name (Print) _____

Supervisor Signature _____

Supervisor Name/Rank (Print) _____

Participant's Agency _____

Course Name **IRON CROSS / CITY OF ELIZABETH PD**

Course Location **Fort Dix, Wrightstown, NJ 08640**

DATE OF COURSE **MAY 18-20, 2010**