



pennsylvania

FIREARM EDUCATION AND TRAINING COMMISSION

**Course 7
Weapon Control / Weapon Retention and Disarming
Training Safety Certification
FETC FORM 42**

NOTE: All individuals participating in Commission Course 7, including instructors and students, must review and sign this form prior to beginning the practical exercise phase of instruction. Refusal to sign the form will prohibit further participation in the course and result in no credit for attendance.

Name: _____
(Please Print)

County/Department: _____

Course 7 Training Safety Questions

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 Course 7 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 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 Course 7 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 Course 7 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**. I understand this also applies to drawing and holstering my firearm.
3. I understand there will be no eating, drinking, or any use of tobacco while participating in training.
4. I understand that all participants must immediately comply with all commands issued by instructors.
5. I certify that I am familiar with the functioning of my duty equipment and that I am capable of using it in an effective manner.
6. I certify that I am in compliance with the Commission's equipment requirements.
7. 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)