



Cop Quest Registration Form

Last Name _____ First Name _____

Address _____

Phone Number _____ E-mail _____

DOB _____ Age _____

I, _____, have health insurance and acknowledge that I am responsible for my own actions and any injuries. I will not hold Cop Quest, Cop Quest staff or affiliates liable. I also acknowledge that there will be no refund if I am dismissed from the seminar due to disruptive behavior at the discretion of Cop Quest Staff and if an emergency should occur, Cop Quest will re-schedule me at their next available seminar.

Print Name _____

Signature _____

Date _____