

# TAP-RACK

## TACTICAL

### Ballistic Shield Train The Trainer Course

Tap-Rack tactical will certify you in the use of ANY ballistic shield. We will cover different levels of protection, construction, accessories and application. Topics covered include marksmanship, weapon handling and manipulation, defensive tactics, shield tactics and team movement using ballistic shields or blankets.

Class hours are 0800-1700

Length: 2 days Tuition: \$700

**Local Contact: Lt. Jonathan Prewitt**

Class Address: 3091 Industrial Dr. W., Hernando, MS 38632

Email: [jprewitt@desotocountymms.gov](mailto:jprewitt@desotocountymms.gov)

Phone: 662-863-0345

Tap-Rack Tactical, LLC is a police training company designed to provide quality instruction at a reasonable price. Owned and operated by Bill Blowers with over 30 years of tactical experience between the US Army and Law Enforcement. Our training is designed with common sense and TTP's for the real world. Check us out at <http://www.tap-rack.com>.

**Tap-Rack Tactical is owned and operated by Bill Blowers.**

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### Shield Operator Course

#### Student Equipment List

1. Duty handgun(s) and holster(s).
2. Assigned long gun.
3. 750 rounds pistol / 100 rounds rifle
4. Ballistic Shield. (If you cannot bring your team shield, please let us know)
5. 5 dummy rounds for your pistol
6. 10 of your departments qualification targets.
7. Appropriate clothing for season, you WILL BE outdoors.
8. Note taking material.
9. SIMUNITION converted pistol, safety gear, & 100 rounds of F/X marking cartridges. (If you do not have this gear, please let us know)

For additional information or questions, please contact Bill Blowers at 253-318-4972 or [bill@tap-rack.com](mailto:bill@tap-rack.com)

TAP RACK TACTICAL  
BALLISTIC SHIELD TRAIN THE TRAINER COURSE  
Hosted by Mississippi Tactical Officer's Association (MTOA)  
Hernando & Holly Springs, MS

REGISTRATION / INVOICE

CLASS DATES: March 23 – March 24, 2023

*DEPARTMENT/AGENCY INFORMATION:*

AGENCY NAME: \_\_\_\_\_

PAYMENT CONTACT PERSON: \_\_\_\_\_

CONTACT PERSON E-MAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

BALLISTIC SHIELD COURSE

NUMBER OF PERSONNEL ATTENDING \_\_\_\_\_ x \$700.00=\$ \_\_\_\_\_

TOTAL PAYMENT \$: \_\_\_\_\_

METHOD OF PAYMENT:

( ) CHECK WILL BE BROUGHT AT TIME OF CLASS

( ) CHECK(S) ENCLOSED IN AMOUNT OF \$: \_\_\_\_\_

This form will serve as an official invoice from MTOA

*MAKE ALL CHECKS PAYABLE TO "M.T.O.A." MAIL PAYMENTS TO:*

MTOA  
P.O. Box 74  
Southaven MS, 38671

*IF YOU HAVE QUESTIONS REGARDING REGISTRATION, CALL LT. JONATHAN  
PREWITT (662)863-0345. EMAIL REGISTRATION TO [jprewitt@desotocountymiss.gov](mailto:jprewitt@desotocountymiss.gov)*

## STUDENT INFORMATION

NAME: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

In consideration of the risk of injury while participating in the BALLISTIC SHIELD TRAIN THE TRAINER COURSE (“the activity”), and as a consideration for the right to participate in the activity, I hereby waive any and all rights, claims, and causes of action of any kind whatsoever arising out of my participation in the activity, and do hereby release and forever discharge the MISSISSIPPI TACTICAL OFFICERS’ ASSOCIATION, THE DESOTO COUNTY (MS) SHERIFF’ S DEPARTMENT, AND ANY PERSON(S) ACTING IN A STAFF OR TRAINER CAPACITY, during the activity, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a result of participation in the aforementioned activity, including travel to and from an event related to the activity.

I am voluntarily participating in the activity and I am participating in the activity at my own risk. I am aware of the risk of traveling to this activity as well as the risk of participating in the activity. I understand that injuries or outcomes may arise from my own or other’s negligence, or the condition of the location at the activity. Nonetheless, I assume all related risk, both known and unknown to me, of my participation in the activity, including travel to and from the activity.

I acknowledge that this activity may involve a test of a person’s mental and physical limits and may carry with it the potential for death, serious injury, and property loss. The risk may include, but are not limited to, those caused by terrain, facilities, temperature and weather, lack of hydration, condition of participants, equipment, vehicular traffic, and the actions of others.

I acknowledge that I have carefully read this “Waiver and Release”. I expressly discharge the MISSISSIPPI TACTICAL OFFICERS’ ASSOCIATION, THE DESOTO COUNTY (MS) SHERIFF’ S DEPARTMENT, AND ANY PERSON(S) ACTING IN A STAFF OR TRAINER CAPACITY from any and all claims and causes of action and agree to voluntarily give up or waive any right that I otherwise have to bring legal action against the MISSISSIPPI TACTICAL OFFICERS’ ASSOCIATION, THE DESOTO COUNTY (MS) SHERIFF’ S DEPARTMENT, AND ANY PERSON(S) ACTING IN A STAFF OR TRAINER CAPACITY for personal injury or property damage during the event.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of the MISSISSIPPI TACTICAL OFFICERS’ ASSOCIATION, THE DESOTO COUNTY (MS) SHERIFF’ S DEPARTMENT, AND ANY PERSON(S) ACTING IN A STAFF OR TRAINER CAPACITY at the event.

In the event that I require medical care or treatment, I agree to be financially responsible for any cost as a result of said treatment. I am aware and understand that I should carry my own medical insurance.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_