

# Tactical Evolutions Inc.

## WAIVER

**Please print the following form, complete, sign and bring to your first class:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I understand this course has been designed to provide me with effective options to survive and escape a physical assault. However, I understand that the instructors cannot guarantee my safety through the use, or misuse, of the techniques taught in the class. Furthermore, I understand that all reasonable precautions are taken during class to provide a safe environment, but due to the very nature of contact inherent in practicing self-defense techniques, I hold harmless the instructors and the owners of the facility in which the class is held. I give permission to use my image on video or film for promotional or instructional purposes.

**Furthermore**, you indemnify and hold Tactical Evolutions Inc., its officers, employees and representatives free and harmless from any and all claims, liability, loss, damage, or expenses arising out of your participation in any training sessions or demonstrations by them.

You indemnify and hold Tactical Evolutions Inc., its officers, employees and representatives free and harmless from any and all claims, liability, loss, damage, or expenses arising out of your possession, use, or misuse of any information, methods or products provided to you by them. This includes but is not limited to, any special, indirect, incidental or consequential damages or injury of any kind (including but not limited to life, limb, personal or business income, physical damages, or any other losses whether or not foreseeable).

Signed \_\_\_\_\_

Date \_\_\_\_\_

Yes, let me know about upcoming classes!

Firearms Training    Yes / No

Self-defense.        Yes / No

E-mail: \_\_\_\_\_